

**BRANT COUNTY BOARD OF HEALTH**  
**REGULAR AGENDA**  
Wednesday, September 15, 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 June 16, August 18, and August 23, 2021 \* *All*

**5. FINANCIAL REPORT**

**5.1** Financial Position Report ended July 31, 2021 \*

*Lisa DiDonato*

**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 \* and Addendum \*\*

*Jo Ann Tober/Dr. Malcolm Lock*

**6.5.2** COVID-19 Immunization Report \*

*Jo Ann Tober*

**6.5.3** BCHU COVID Vaccine Policies \*

*Brent Richardson*

Motion to accept reports as presented.

**7. NEW BUSINESS & PROGRAM REPORTS**

**7.1** Substance Abuse Program Report \*

*Gerry Moniz*

**7.2** Mental Health Plan Report \*

*Gerry Moniz*

**7.3** National Day of Truth and Reconciliation Report

*Brent Richardson*

**7.4** Provincial Appointee Re-Appointment

*Chair Bell*

**7.5** Disbandment of MOH Selection Committee

*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 Simcoe Muskoka District Health Unit, dated June 21, 2021, re mitigation funding.

**8.2** Correspondence from Peterborough Public Health, dated June 23, 2021, re public health funding.

**8.3** Correspondence from Windsor-Essex County Health Unit, dated June 17, 2021, re public health funding.

**8.4** Correspondence from North Bay-Parry-Sound District Health Unit, dated June 24, 2021, re public health funding for 2022.

**8.5** Correspondence from Southwestern Public Health, dated July 20, 2021, re public health funding.

**8.6** Correspondence from Millards, re Report to the Members of the Board of Health for 2020.

**8.7** Correspondence from Ministry of Health, dated July 22, 2021, re funding approval for 2021.

- 8.8 Correspondence from Peterborough Public Health, dated August 6, 2021, re public health funding.
- 8.9 Correspondence from Toronto Public Health, dated August 15, 2021, re COVID et al matters.
- 8.10 Correspondence to Premier Ford, dated August 24, 2021, re COVID vaccine certification and policies.
- 8.11 Correspondence from Northwestern Health Unit, dated August 27, 2021, re mitigation funding.
- 8.12 Correspondence from Northwestern Health Unit, dated August 27, 2021, re ongoing IPAC Hub Model.
- 8.13 City of Brantford 2022 Budget Guidelines: Local Boards & Agencies, dated August 30, 2021.

Motion to receive the correspondence.

**9. INCAMERA**

**10. QUESTIONS / ANNOUNCEMENTS**

**11. FUTURE AGENDA ITEMS**

**12. NEXT MEETING DATE**

Wednesday, October 20, 2021, at 9:30 a.m.

**13. ADJOURNMENT**

*Chair*

*\* Attachments  
to be distributed at the meeting*

*\*\* Attachments for Board of Health members only*

**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 5.1**

**FROM: Lisa DiDonato, Director, Finance**  
**REPORT DATE: August 18, 2021**  
**RE: Financial Report for the seven months ended July 31, 2021**

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The purpose of this report is to provide the financial results of the Brant County Health Unit (BCHU) for the seven months ended July 31, 2021.

As detailed in the financial variance summary and forecast, attached as Appendix A, the gross expenditure surplus for the seven months ended July 31, 2021, was \$219,984 and the net expenditure deficit, based on Ministry approved funding, was \$578,441.

Throughout 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, while continuing to maintain critical public health programs and services. These costs 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 estimated that approximately \$5.1 million in COVID-19 response and COVID vaccine program expenditures will be absorbed within the mandatory programs funding and requested \$2.6 million in one-time extraordinary funding.

In the seven months ended July 31, 2021, the health unit incurred \$4.9 million in COVID response and vaccine program expenditures. These costs, in addition to the redeployment of personal, include incremental salaries and wages, technology and communication purchased services, clinic supplies, personal protective equipment, and mileage. The expenditures for the seven months ended July 31, 2021, are summarized below.

Expense Categories	Total
Employee Salaries and Benefits	\$ 4,334,904
Other Program Supplies	\$ 541,287
Total	\$ 4,886,191

In July 2021, the Ministry of Health notified health units across that province that they were approving one-time COVID-19 requests of approximately 50% of estimated COVID-19 extraordinary costs but committed to work with health units to adjust funding, as required, throughout the 2021 funding year. On July 22, 2021, BCHU was advised that the Ministry has approved \$1,292,100 (49%) of the \$2,632,009 COVID response and vaccine program one-time funding requested.

At this time, considering the COVID-19 response and vaccine program unknowns, the health unit is forecasting a \$1.3 million deficit related to the COVID-19 extraordinary costs. The health unit is optimistic that with continued compliance with Ministry management and reporting requirements, additional in year one-time funding will be approved to mitigate the forecasted deficit.

Appendix A

**Brant County Health Unit  
Financial Variance Summary and Forecast  
For the Period Ending July 31, 2021**

	Budget 7/31/2021	Actual 7/31/2021	Variance Surplus (Deficit)	% of Budget	Budget 12/31/2021	Forecast 12/31/2021
<b>Mandatory Cost Share Programs</b>						
Salaries	4,744,173	5,612,527	(868,354)	69.0%	8,132,868	9,793,064
Benefits	1,178,887	1,308,113	(129,226)	64.7%	2,020,952	2,190,952
Mileage	24,985	43,093	(18,108)	100.6%	42,831	67,831
Staff Development	65,963	24,371	41,592	21.6%	113,080	73,080
Supplies	548,068	846,677	(298,609)	90.1%	939,542	1,606,354
Needle Exchange	44,742	44,688	54	58.3%	76,700	76,700
Operating Cost	73,509	111,014	(37,505)	88.1%	126,014	206,014
Building Maintenance	173,105	194,896	(21,791)	65.7%	296,748	296,748
Housekeeping Supplies	42,583	43,114	(531)	59.1%	73,000	73,000
Utilities	50,167	43,742	6,425	50.9%	86,000	86,000
Professional Fees	185,003	190,799	(5,796)	60.2%	317,148	387,148
<b>Mandatory Cost Share Program Expenses</b>	<b>7,131,185</b>	<b>8,463,034</b>	<b>(1,331,849)</b>	<b>69.2%</b>	<b>12,224,883</b>	<b>14,856,891</b>
COVID Response and Vaccine Program Expenses	(2,986,870)	(4,886,191)	1,899,321	95.4%	(5,120,348)	(7,752,356)
<b>Mandatory Cost Share Program Expenses excluding COVID Expenses</b>	<b>4,144,315</b>	<b>3,576,843</b>	<b>567,472</b>	<b>50.3%</b>	<b>7,104,535</b>	<b>7,104,535</b>
<b>COVID Response and Vaccine Program Expenses</b>						
COVID Absorbed Expenses	2,986,870	3,350,853	(363,983)	65.4%	5,120,348	5,120,348
COVID Extrodinary One Time Request Expenses	1,535,338	1,535,338	-	58.3%	2,632,008	2,632,008
<b>Total COVID Response and Vaccine Program Expenses</b>	<b>4,522,208</b>	<b>4,886,191</b>	<b>(363,983)</b>	<b>63.0%</b>	<b>7,752,356</b>	<b>7,752,356</b>
<b>Total Mandatory Cost Share Program Expenses</b>	<b>8,666,523</b>	<b>8,463,034</b>	<b>203,489</b>	<b>1.4%</b>	<b>14,856,891</b>	<b>14,856,891</b>
<b>100% Funded Program Expenses</b>						
MOH - Ontario Seniors Dental Program	311,208	319,580	(8,372)	59.9%	533,500	533,500
MOH - School Focused Nurses Initiative	273,583	244,045	29,538	52.0%	469,000	469,000
MCCSS - HBHC	601,262	618,212	(16,950)	60.0%	1,030,734	1,030,734
Health Canada - CPNP	47,326	35,047	12,279	43.2%	81,130	81,130
<b>Total 100% Funded Program Expenses</b>	<b>1,233,379</b>	<b>1,216,884</b>	<b>16,495</b>	<b>57.6%</b>	<b>2,114,364</b>	<b>2,114,364</b>
	<b>9,899,902</b>	<b>9,679,918</b>	<b>219,984</b>	<b>57.0%</b>	<b>16,971,255</b>	<b>16,971,255</b>
<b>Revenue</b>						
MOH - Mandatory Cost Share Programs	4,710,887	4,710,887	-	58.3%	8,075,800	8,075,800
MOH - One Time Funding Programs	81,667	81,667	-	58.3%	140,000	140,000
MOH - Ontario Seniors Dental Program	311,208	311,208	-	58.3%	533,500	533,500
MOH - School Focused Nurses Initiative	273,583	273,583	-	58.3%	469,000	469,000
MOH - COVID Extraordinary One Time Requests	1,535,339	767,669	767,669	29.2%	2,632,009	1,292,100
MCCSS - HBHC	601,262	601,262	-	58.3%	1,030,734	1,030,734
Health Canada - CPNP	47,326	47,326	-	58.3%	81,130	81,130
Municipal Funding	2,204,594	2,204,594	-	58.3%	3,779,304	3,779,304
Transfer from Reserves	41,871	41,871	-	58.3%	71,778	71,778
Other Revenue	92,167	61,411	30,756	38.9%	158,000	158,000
<b>Total Revenue</b>	<b>9,899,902</b>	<b>9,101,477</b>	<b>798,425</b>	<b>53.6%</b>	<b>16,971,255</b>	<b>15,631,346</b>
<b>Net Surplus (Deficit)</b>	<b>(0)</b>	<b>(578,441)</b>	<b>(578,441)</b>		<b>-</b>	<b>(1,339,909)</b>

**BRANT COUNTY BOARD OF HEALTH MEETING on September 15, 2021**  
**REPORT #: 6.2**

**FROM:** Dr. Malcolm Lock, Acting Medical Officer of Health  
**REPORT DATE:** August 30, 2021  
**RE:** Medical Officer of Health's Report

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It has been a busy summer for everyone at Brant County Health Unit (BCHU). The following are some activities that have taken place over this period that may be of some interest to the Board.

Throughout the summer the main focus of all Health Unit staff has been the COVID-19 pandemic response, particularly case and contact management. However, there have been several sidebar activities occurring in tandem that have also required attention, some more time consuming than others. During this time the Outbreak Team has dealt with significant outbreaks including those occurring in St. Joseph's Life Care Center, Brant Community Healthcare System (hospital), as well as several other community long-term care, congregate, and commercial settings.

Environmental Health services were also kept busy investigating a possible blood-borne infection and contemplating a patient recall notification related to sterilization practices in a dental office. This investigation included collaboration with Public Health Ontario. PHO produced a detailed report relating to this infection Prevention and Control [IPAC] lapse. Fortunately, based on the results, patient recall was not required, but several recommendations were made to improve sterile techniques. There was a single case of Lyme disease reported from a tick bite in Brant. In response, BCHU issued an advisory to primary care providers containing signs and symptoms associated with Lyme disease, treatments and how to submit tick specimens for identification.

The 'Fit Effect' fitness club located in Paris launched a legal challenge to my 'letter of instruction', and sought an injunction requesting a stay to these instructions. This action was ultimately unsuccessful but required a considerable time investment liaising with our lawyers during the week leading up to the hearing and judicial decision. There were many hours spent in preparing and editing factums, in addition to giving evidence during a cross examination lasting almost 4 hours.

I have participated in several communications/discussions with local Brantford Brant Primary Care Council representatives related to COVID-19 vaccine delivery, and transition of this service from public health to primary care settings. It is the provincial mandate to have primary care assume responsibility for vaccinating home-bound and chronic care patients. With the support of public health, the province is also expecting primary care providers to assist with the "last 10%" of individuals still requiring vaccination, including annual boosters that may in the future be recommended. This conversation is ongoing with both the province generally and with BCHU locally.

School reopening planning has been ongoing. Liaison and collaboration with Haldimand Norfolk Health Unit (HNHU) to complete a process of classroom management for cases of COVID-19 occurring in the school, is continuing. This will also be in cooperation with the Boards of Education. It was brought to our attention earlier this year, that there were difficulties experienced last year because of differences in recommendations and procedures, between BCHU and HNHU, this we hope to resolve for 2021. Discussions are ongoing.

BCHU has received enquiries from local universities concerning support for their policy requiring full vaccination for in-class students and staff. The Health Unit along with many other health units across the province has acknowledged and endorsed this decision.

BCHU has recently received a request for recall from the Canadian food Inspection Agency (CIFA) of a food product [frozen mangoes], because of possible Hepatitis-A contamination. To date there have been no illnesses or suspected cases reported to the Brant County Health Unit. Any individual who may have consumed this product can obtain free vaccination for Hepatitis-A by contacting the Health Unit.

In mid-July Brant County Health Unit Environmental Health services were asked to review the Paris Fairground Midway (Campbell Amusements) safety plan. This was a well-conceived plan which after review, required very little amendment. The venue proved to be a major asset for our COVID-19 vaccine initiative. We were able to use the venue for a concomitant vaccine clinic, enabling us to take advantage of midway visitors to promote COVID-19 vaccination on site.

Adverse effect following Immunization (AEFI). Since April 2021, I have reviewed approximately 225 cases reported as AEFI. These cases are investigated by the Case and Contact Management (CCM) Team for categorization and reporting to PHO and include recommendations for further follow up immunization if indicated.

**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 6.3**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** September 2, 2021  
**RE:** Chief Executive Officer Report

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**Ontario Health Team (OHT) Update**

The OHT has created a Planning Task Force to explore a formal partnership between the Brantford Brant and Norfolk Ontario Health Teams. The Task Force will be providing strategic guidance and planning support for a joint leadership session in the fall. The Brantford Brant and Norfolk OHT submitted a joint application to complete OHT Patient Navigation and HCNS Alignment Planning in FY 2021-2022 and was approved for \$60,000. The OHT has successfully added several new members to support the functioning of the team. These positions include an Administrative Assistant, Project Coordinator for Homelessness, Project Coordinator for Mental Health and Addictions, Project Manager for Priority Populations, and a Digital Health lead. Still in recruitment are a Communications Coordinator and a Primary Care Transformation lead.

**New Associate Chief Medical Officer of Health**

Dr. Wajid Ahmed, Medical Officer of Health from the Windsor Public Health Unit, has accepted the position of Associate Chief Medical Officer of Health working with the new Chief Medical Officer of Health, Dr. Kieran Moore. Dr. Ahmed commences his position with the Ministry of Health on September 13, 2021.

**Association of Local Public Health Agencies Upcoming Dates**

ALPHA has recently announced dates for future symposiums and conferences. ALPHA will be holding their Fall Symposium on Friday, November 19, 2021; the Winter Symposium on Friday, February 25, 2022; and the Conference and Annual General Meeting from Sunday, June 12, 2022, to Tuesday, June 14, 2022.

**School Immunization Program**

During the week of August 30, catch-up clinics were held for students who were needing to complete their vaccinations for HPV, Hepatitis B and Meningococcal Diseases. Over 500 students received outstanding immunizations.

**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 6.5.1**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** August 31, 2021  
**RE:** COVID-19 Case Management Report

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Up-to-date metrics will be reported at the meeting.



**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 6.5.2**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** August 31, 2021  
**RE:** COVID-19 Immunization Report

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Up-to-date metrics will be reported at the meeting.

**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 6.5.3**

**FROM:** Brent Richardson, Director, Human Resources  
**REPORT DATE:** September 3, 2021  
**RE:** COVID-19 Vaccine Policies Report

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With the assistance of Brant County Health Unit's (BCHU) legal advisors, BCHU has created a COVID – 19 Vaccine and Testing policy. As with any policy, there were many factors to consider in the creation of this policy. The landscape on this issue continues to change by the day.

The policy requires staff to provide evidence of vaccination which has been completed. BCHU currently has an immunization rate of 95%.

Those who have not provided evidence of vaccination must provide evidence of the exemption status for which they are claiming (medical or religious).

These staff will be considered “unvaccinated” and must comply with the following requirements:

1. Required to wear enhanced personal protective equipment while at work or working in the community.
2. Complete regular antigen testing with a negative test result prior to starting work.

All future new hires will be required to be vaccinated prior to starting unless there is a medical contraindication.

Copies of the new policies are attached.

**BRANT COUNTY HEALTH UNIT  
ADMINISTRATION MANUAL  
POLICY**

<b>Category:</b> Occupational Health & Safety	<b>Number:</b> VII-066
<b>Approved/Issued by:</b> _____	<b>Page:</b> 1 of 1
<b>Dr. Jo Ann Tober, Chief Executive Officer</b>	<b>Date:</b> August 2021
<b>Distribution:</b> Administration Manual	<b>Revision Date:</b>

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**COVID-19 IMMUNIZATION/TESTING – REQUIREMENTS FOR EMPLOYEES**

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As Brant County Health Unit (BCHU) employees are involved in direct client contact, and in direct contact with members of the community, employee immunization against COVID-19 is required.

This policy is applicable to all full-time, part-time, temporary, contract employees, as well as students, volunteers and contractors (referred to as employees in this policy).

**BRANT COUNTY HEALTH UNIT  
ADMINISTRATION MANUAL  
PROCEDURE**

<b>Category:</b> Occupational Health & Safety	<b>Number:</b> VII-066
<b>Approved/Issued by:</b> _____	<b>Page:</b> 1 of 1
<b>Dr. Jo Ann Tober, Chief Executive Officer</b>	<b>Date:</b> August 2021
<b>Distribution:</b> Administration Manual	<b>Revision Date:</b>

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**COVID-19 UN-IMMUNIZED EMPLOYEES**

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Brant County Health Unit (BCHU) requires all employees to provide proof of immunization for COVID-19 upon request.

BCHU determines whether it is safe for unvaccinated staff to work.

All employees who are unable to receive immunization against COVID-19 must:

1. Take part in BCHU vaccine education sessions as determined by BCHU
2. Receive an antigen test when requested by BCHU AND receive a negative result. Testing must be complete prior to beginning work. Proof of negative testing, suitable to BCHU, is required to be produced upon request.
3. Wear BCHU-provided personal protective equipment (PPE), at all times when in the BCHU office, in clinic, or serving the community. PPE includes a face mask, eye protection, and any other PPE deemed necessary by the employer.

**BRANT COUNTY HEALTH UNIT  
ADMINISTRATION MANUAL  
POLICY**

<b>Category:</b> Occupational Health & Safety	<b>Number:</b> VII-065
<b>Approved/Issued by:</b> <i>Original signed by Jo Ann Tober</i> <b>Dr. Jo Ann Tober, Chief Executive Officer</b>	<b>Page:</b> 1 of 1
	<b>Date:</b> May 1996
<b>Distribution:</b> Administration Manual	<b>Revision Date:</b> August 2021

**IMMUNIZATION AND TB TESTING FOR EMPLOYEES**

As Brant County Health Unit employees are involved in direct client contact, and in direct contact with members of our community, employee immunization against certain diseases is required and testing for active Tuberculosis (TB) infection is required. This policy is applicable to all full-time, part-time, temporary and contract employees.

**Immunization:**

The following immunizations are recommended for all employees, unless a valid medical contraindication exists:

<b>Immunization</b>	<b>Detail</b>
Tetanus, Diphtheria, Pertussis, Polio	Primary series and Td booster within 10 years  Note: A single dose of Tdap vaccine is recommended if not previously received in adulthood (18 years of age or older)
Measles, Mumps, Rubella	2 valid doses
Hepatitis B	Complete series
Varicella	Staff under 50 years of age, 2 valid doses or self-reported history of previous varicella infection  Staff over 50 years of age, no requirement
Influenza	Annual vaccination
COVID-19	The full series of a vaccine authorized in Canada at least 14 days ago

**TB Testing:**

A 2-step Mantoux test (1-step if documentation of previous 2-step provided) and/or medical assessment to rule out active Tuberculosis infection is required prior to employment.

**Outbreak:**

In the event of an outbreak of a vaccine preventable disease, unprotected employees may not be permitted to continue with normal work activities until the outbreak is declared over.

**BRANT COUNTY HEALTH UNIT  
ADMINISTRATION MANUAL  
PROCEDURE**

<b>Category:</b> Occupational Health & Safety	<b>Number:</b> VII-065(a)
	<b>Ref. Policy No.:</b> VII-065
<b>Approved/Issued by:</b> <i>Original signed by Jo Ann Tober</i>	<b>Page:</b> 1 of 1
<b>Dr. Jo Ann Tober, Chief Executive Officer</b>	<b>Date:</b> May 1996
<b>Distribution:</b> Administration Manual	<b>Revision Date:</b> August 2021

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**IMMUNIZATION AND TB TESTING FOR EMPLOYEES**

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**New Employees:**

1. Human Resources forwards the “TB Status Record” and the “Staff Immunization Record” forms to the new employee.
2. The new employee completes these forms and returns them to Human Resources on/or prior to, their first day of work as a condition of employment. If a medical contraindication to vaccination exists, the employee must provide Human Resources with supportive medical documentation. Failure to provide forms and proof of vaccination can result in the offer of employment being rescinded.
3. Human Resources forwards the TB Status Record and Staff Immunization Record to the Clinic Services Manager, who assigns a Clinic Services Team member to review the two records.
4. A Clinic Services Team member reviews the employee’s record using the publicly-funded vaccination schedule to identify any potential gaps in the vaccine coverage.
5. The Clinic Services Team member returns the Staff Immunization Record form to the employee with recommendations, if any vaccinations are required.

**Existing Employees:**

Existing employees may access Clinic Services staff for consultation and assistance with keeping their vaccines up to date.

Reference: VI-125 Employee and Dependent Immunization Services

## **BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**

**REPORT #:** 7.1

**FROM:** Gerry Moniz, Manager,  
Chronic Disease Prevention and Injury Prevention (CDIP)

**REPORT DATE:** August 30, 2021

**RE:** Substance Use Report

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### **Overview of activities June -August 2021**

#### **Brantford-Brant Community Drugs Strategy (Drugs Strategy)**

1. The Drug Strategy Coordinator continues to meet regularly with members of the Drug Strategy coordinating committee to move the action plan and specific harm reduction activities forward.
2. The engagement surveys with community partners, general public and people who use substances were completed in June. The most common suggestions to achieve the vision of the Drugs Strategy include public education regarding anti-stigma, implementation of consumption and treatment services, and increased availability of mental health and addiction treatment services.
3. Work is underway to plan a fall forum for service providers and members of the public to facilitate the Drugs Strategy Priority Planning. A subcommittee of the Strategy partners has developed a two-part forum which will include an educational session related to stigma and substance use, and a strategic planning session using the information from the engagement surveys. The forum is tentatively scheduled for mid-October.

#### **Harm Reduction Program**

1. The Needle Return Incentive pilot project ended in July. The project was evaluated over the course of its implementation. See the separate evaluation report.
2. Three needle bins were installed in the community, including at Shallow Creek, in front of the Brantford Library, and at the Salvation Army property (187 Dalhousie St). One more bin will soon be installed at St. Andrews church parking lot.
3. An anti-stigma campaign titled “Stigma Ends Here”, is being launched at the end of August. A social media toolkit has been developed for community agencies to use. Education sessions with speakers are planned for the rest of the year around topics such as harm reduction interventions, mental health and substance use, naloxone use, and supporting people who use substances or those in recovery.
4. BCHU staff continues to monitor and respond to calls for needle pick up. The number of calls for used needle pickups in July (n=28) remained on par with the monthly calls from April-June (average n=28).

#### **Opioid Surveillance**

1. Three opioid-related deaths and 29 opioid-related overdoses reported in the month of June; 24 opioid-related overdoses and no opioid-related deaths reported in July 2021.
2. A public safety alert was issued in July to inform the public and community partners regarding a significant increase (above the monthly average) in suspected opioid overdoses in Brant.

#### **Needle Return Incentive Pilot Project Report (see next page)**

# Needle Return Incentive Pilot Project Report

Jessica Delaney  
Tin Vo

August 2021

**BRANT COUNTY  
HEALTH UNIT**



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## Executive Summary

From April 1 to July 31, 2021, the Brant County Health Unit (BCHU) implemented a Needle Return Incentive (NRI) pilot project to examine whether and to what extent offering a monetary incentive to people who use intravenous drugs would increase the return of used needles to the Needle Syringe Program (NSP), and eventually reduce the number of improperly discarded used needles in public spaces and private property in Brant and Brantford. The pilot project acted as a proof-of-concept considering the lack of published evidence for monetary incentives to address the return of used needles.

The NRI was informed by similar initiatives piloted in other jurisdictions (e.g., North Bay Parry Sound District Health Unit, grassroots efforts in British Columbia). People who use intravenous drugs were asked to return needles to community organizations participating in the NSP in exchange for a \$5 gift card for every 100 used needles returned, to a maximum of \$20 per person per day. Needles were asked to be returned in a sharps container or hard plastic container. At the time of a transaction at the NSP, clients were provided with education around proper needle disposal and offered personal sharps containers as well as a postcard that listed disposal locations in the community.

The pilot project was evaluated over the 4-month period using a mixed-methods approach. Methods included: 2 focus groups with staff from NSP sites and a client feedback survey. Additionally, data on distributed gift cards and returned needles was collected and analyzed.

The key findings of the NRI pilot are as follows:

- The NRI pilot contributed to an increase in return of used needles as over two-thirds (69%) of all used needles returned in April-July 2021 were collected through the pilot. The initiative also appeared to have increased awareness about used needles in public places and private property, which was noted in the feedback from the NSP clients and staff.
- Most recipients of the pilot were reportedly the regular clients of the NSP. They welcomed the initiative and the gift cards as an incentive for needle return. Unintended outcomes from the pilot included unused products being disposed to receive gift cards and dishonesty regarding the number of needles being returned.
- The initiative did not result in any reduction in the instances of improperly discarded needles in the community during the pilot period. It is likely that the clients who benefited from the incentive are not the same individuals improperly discarding used needles in public spaces.

## Background

A review of over 3000 publications from the past 20 years conducted by the Brant County Health Unit (BCHU) found no peer-reviewed articles or agency reports examining monetary and other incentives to improve needle return or proper disposal of used needles. In one study, Needle Syringe Program (NSP) clients suggested incentives as a strategy to encourage the return of used needles (Spaulding & Canady, 2020); otherwise, incentives have not been studied in published research. One public health unit in Ontario (North Bay Parry Sound District Health Unit; NBPSDHU) and several grassroots efforts in British Columbia have attempted to provide monetary incentives for individuals who return needles (Frangione, 2019; Verenca, 2018; Winquist, 2018). However, the effects of these initiatives have not been formally evaluated.

From April 1 to July 31, 2021, BCHU implemented a Needle Return Incentive (NRI) pilot project to examine whether and to what extent offering a monetary incentive to people who use intravenous drugs would increase the return of used needles to the NSP. The NRI Initiative was modelled on the NBPSDHU approach, offering a \$5 gift card for every 100 needles returned. The end goal of the pilot was to reduce the number of improperly discarded used needles within public spaces and private property in Brant and Brantford. This project acted as a proof-of-concept considering the lack of published evidence for monetary incentives to address the return of used needles.

As part of the NRI pilot, people who use intravenous drugs were asked to return needles to community organizations participating in the NSP in exchange for a \$5 gift card for every 100 used needles returned, to a maximum of \$20 per person per day. Needles were asked to be returned in a sharps container or hard plastic container. At the time of a transaction at the NSP, clients were provided with education around proper needle disposal and offered personal sharps containers as well as a postcard that listed disposal locations in the community. The participating community agencies tracked the distribution of gift cards and returned needles. The initiative was mainly advertised using postcards distributed at NSP sites and word-of-mouth among NSP clients.

## Methods

The NRI pilot project was evaluated using a mixed-methods approach. The evaluation involved: two focus group sessions with staff from NSP sites (n=15 per session) and a paper-based client feedback survey (n=55) conducted throughout the 4-month period. Additionally, data on the distributed gift cards and returned needles was collected and analyzed. The quantity of used needles returned was estimated using a weighing method adopted by BCHU in 2019.

## Results

### Clients of the Pilot

A total of 155 individuals were recorded to have returned used needles and received gift cards over the course of the NRI pilot. Due to confidentiality reasons, NSP sites do not collect identifying client information, making it difficult to track unique visitors. However, staff from the NSP sites confirmed that over the 4-month period they mainly saw regular NSP clients who returned their own needles or needles for others. Staff also noted that they met some new clients that they had never seen at the NSP before, surmising that the NRI had attracted some new clients to the NSP. They also mentioned that word of mouth among NSP clients worked well to promote the initiative.

### Gift Cards and Incentives

A total of 493 gift cards were distributed during the pilot period for a total amount of \$2,465. Feedback from staff showed that the clients were satisfied with the gift card selection, and that clients were grateful for the incentives in general. Compared to the gift cards from Tim Hortons and the Dollar Store, the gift cards for Walmart were less popular among clients because Walmart was difficult to visit due to its geographic location.

Clients suggested that other non-monetary incentives would also encourage individuals to return needles, such as food and water. The staff heard from many clients who suggested the \$5 for 100 needles is too many to accumulate to receive such a minimal incentive. They suggested having a smaller count of 50 needles or fewer to qualify for the incentive, which would reduce the likelihood of hoarding needles.

A few clients expressed frustration with having a maximum number of gift cards that could be distributed in a day (i.e., \$20 of gift card maximum per person per day even if more than 400 needles were returned that day). This is mainly a concern for individuals who also pick up and return needles for others.

### Needle Returns

Overall, 68.7% of all used needles collected through the NSP over the 4-month period were returned through the NRI (Table 1).

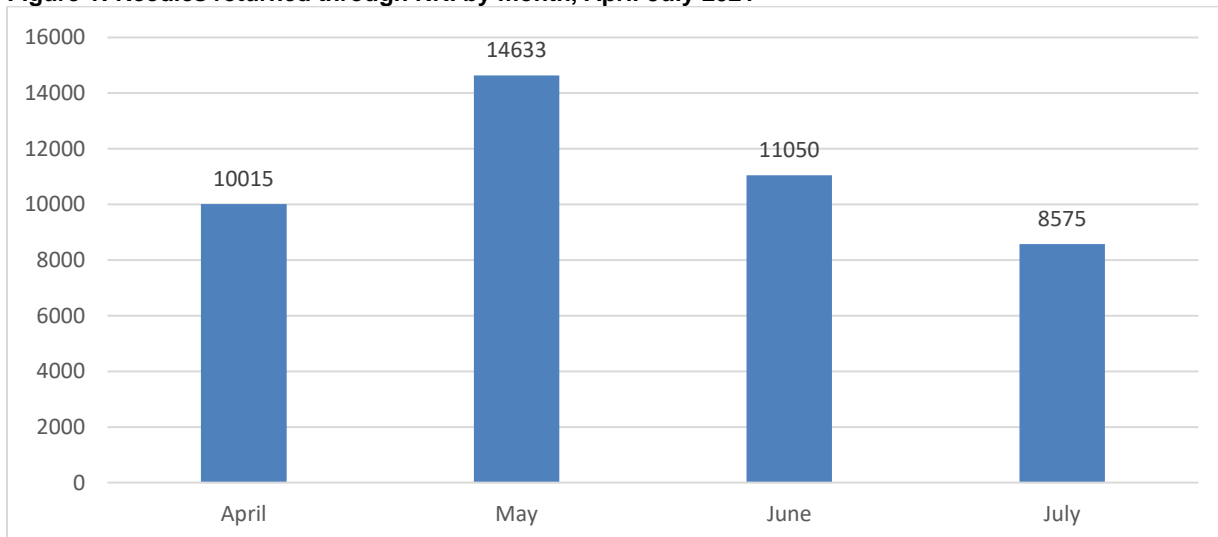
**Table 1: Needle return, April-July 2021**

Source	# of Needles Returned	%
Returned through NRI pilot	44,273	68.7%
Returned through other sources	20,169	31.3%
Overall	64,442	100%

The monthly numbers of needles returned as part of the NRI showed the number of returns peaking in May and levelling out in subsequent months (see Figure 2). NSP staff also indicated the initiative was busier during the months of May and June compared to April and July. A similar pattern (i.e., reaching a peak level and then leveling out) was seen in the pilot project conducted by NBPSDHU.

This trajectory in needle returns suggests an increased awareness of the initiative in May, but a lack of needles used in the latter months. Furthermore, it is possible the NRI reached individuals who already returned needles regularly to the NSP and not as many new clients as intended, which is corroborated by NSP staff feedback.

**Figure 1: Needles returned through NRI by month, April-July 2021**



## Needle Retrieval

The data in Table 2 show that the calls on improperly discarded needles in the community and the number of needles that were retrieved increased from 2020 to 2021 in the April-July period. Thus, the pilot project did not have an impact on the practice of improperly discarded needles in the community. Furthermore, the mismatch in needles retrieved from public places and those returned via the NRI suggests that the individuals responsible for the improperly discarded needles throughout the community may not be regular clients of the NSP.

**Table 2: Improperly Discarded Needle Reporting and Retrieval, April-July, 2020 - 2021**

Year	# Calls/Reports on Improperly Discarded Needles	# Needles Retrieved
2020	103	242
2021	113	735

**Note:** The number of needles picked up excludes all BCHU needle sweeps. Additionally, there was one instance of an estimated 325 needles retrieved during April-July 2021.

## **Challenges of the NRI**

The NSP staff reported that some individuals were taking advantage of the pilot project including dishonestly regarding how many needles they were returning. Specifically, 4 repeat visitors were flagged as potential misusers of the pilot project (e.g., returning 400 needles in 3-4 consecutive days). Although these individuals had been advised to wait for staff to observe, they continued to return needles without staff presence. In several instances, staff checked the disposal bins and found no needles discarded (i.e., corroborating their suspicions of misuse of the initiative). In addition, new/unused needles were discarded on multiple occasions to receive a gift card, which is a waste of product. Notwithstanding these occurrences, most clients returned needles using the appropriate protocol.

The NRI also appeared to encourage some individuals to stockpile their needles, as they would not return used needles to other programs so that they could return via the NRI for gift cards. This is not a recommended practice as it may result in reuse of used needles.

## **Impact on Needle Disposal Practices**

The staff at the NSP indicated the new sharps disposal bins provided through the NRI pilot worked well and should remain in place for the future (or expanded to more locations). Some clients who responded to the client feedback survey (n=8), identified that the NRI pilot changed how they dispose of their used needles due to the gift card they receive. A few clients said that they started to use the sharps disposal bins and containers in the community instead of those offered through the pilot project, while others indicated they no longer discarded needles in the garbage.

## **Conclusion**

The NRI pilot project contributed to a greater number of used needles returned through the NSP; however, it did not reduce the instances of improperly discarded needles in public or private property. It is likely that regular NSP clients who benefited from the pilot project are not the same individuals improperly discarding used needles in the community. The pilot appeared to have increased awareness about used needles in public places and private property, which was noted in the client survey as well as the focus groups with NSP staff. Unintended outcomes from this pilot included unused products being disposed to receive gift cards and dishonesty regarding the number of needles being returned.

## References

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**BRANT COUNTY BOARD OF HEALTH MEETING of September 15, 2021**  
**REPORT #: 7.2**

**FROM:** Gerry Moniz, Manager, Chronic Disease Prevention and Injury Prevention (CDIP)  
**REPORT DATE:** August 30, 2021  
**RE:** Mental Health Plan Report

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**Brant County Health Unit**

**Mental Health Promotion Work Plan 2021-2022**

The Brant County Health Unit’s Mental Health Promotion program utilizes a comprehensive health promotion strategy to strengthen protective factors of good mental health and reduce risk factors leading to poor mental health. The program focuses on enhancing 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) to build positive mental health among the general population and various at risk groups, such as children, youth, pregnant women and older adults/seniors.

The Mental Health Promotion program is grounded in the life course perspective which requires interventions to target the needs of people at critical periods throughout their lifetime, including pregnancy, childhood, adolescence, adulthood and older age. The program also takes the competence enhancement approach to mental health promotion as it is important to focus interventions on enhancing individuals’ strengths, resilience, competence and self-efficacy in order to increase their ability to address risk factors. Finally, the program emphasizes the need for a multi-sectoral approach as the public health sector alone is unlikely to have a significant impact on individuals’ or communities’ mental health and wellbeing without support from other sectors, such as education, social services, housing, etc.

The table below summarizes the ongoing 2021 interventions and those planned for 2022. Implementation of the 2022 mental health initiatives will depend on the progress with the COVID-19 pandemic and changes in the demand for resources to respond it (e.g. case and outbreak management, mass vaccination, call centre).

<b>Objective</b>	<b>Project/Intervention</b>	<b>Activities</b>	<b>Timeline</b>	<b>Partners</b>
To promote positive mental health and well being among the general public	Mental Health Promotion Education to the public across age continuum	<ul style="list-style-type: none"> <li>Utilize social media, print media, virtual formats (Zoom, podcasts) to disseminate messages focusing on resilience, coping skills, self-esteem, a sense of well-being, connectedness etc.</li> <li>Disseminate messages to promote positive mental health and related strategies during COVID (e.g. practice self-care, connect with others, stay active etc)</li> </ul>	Jan-Dec 2021  Jan -Dec 2022	Brantford Library Woodview Mental Health & Autism Services CMHA Grand River Council on Aging

Objective	Project/Intervention	Activities	Timeline	Partners
		<ul style="list-style-type: none"> <li>• Update, post and promote mental health resources, FAQs on BCHU’s website.</li> <li>• Collaborate with community partners to raise awareness of mental health services available in the community</li> </ul>		Grand River Healthy Communities
To improve organizational and community capacity around suicide prevention by adopting and implementing a Zero Suicide Framework	Zero Suicide Initiative	<ul style="list-style-type: none"> <li>• Raise awareness of the World Suicide Prevention Day (WSPD) in the community through social media, print media and website.</li> <li>• Partner with community and support/attendance to event(s) “Meet Me at the Pole!” for WSPD</li> <li>• Establish a BCHU Zero Suicide Committee</li> <li>• Provide staff with on-line training of Zero Suicide</li> <li>• Provide new staff with Safe TALK Training</li> <li>• Develop a Suicide Prevention Policy for BCHU</li> </ul>	Sept 2021  Jan-Dec 2022	Woodview Mental Health Services CMHA BCHS
To improve mental health literacy and capacity in the community and workplaces to enable them to support individuals’ mental wellness	Mental Health education and support at workplaces	<ul style="list-style-type: none"> <li>• Provide businesses and agencies with direct mental health literacy education training sessions</li> <li>• Update, post and promote mental health resources targeted to workplaces on BCHU’s website</li> <li>• Utilize the Brantford Chamber of Commerce newsletter to provide mental health education and resources to local businesses</li> </ul>	Sept 2021-Dec 2022	Chamber of Commerce Brantford BIA  Brantford Workplaces
To enhance the schools’ capacity to address risk and protective factors affecting the health of school-aged children and youth. To increase the capacity of	Mental Health Support to Schools	<ul style="list-style-type: none"> <li>• Update, post and promote mental health resources for students and staff on BCHU’s website</li> <li>• Collaborate with the School Boards Mental Health Leads to support integration of mental health into the school curriculum</li> <li>• Collaborate with schools to implement school-based initiatives to promote positive mental health among students (mental well being, coping and problem solving skills, social inclusion etc)</li> </ul>	Sept 2021-June2022	Grand Erie District School Board Brant Haldimand Norfolk Catholic District School Board Private Schools

Objective	Project/Intervention	Activities	Timeline	Partners
schools to promote and sustain positive mental health among children and youth		<ul style="list-style-type: none"> <li>Respond to mental health related inquiries from school staff</li> <li>Support TICK Board's mental health &amp; substance use program (KIDS initiative) targeted to Grade 6 students</li> </ul>		
To improve mental health outcomes of pregnant and post-partum women	Mental health support to pregnant and post-partum women	<ul style="list-style-type: none"> <li>Provide support to clients experiencing post-partum mood disorders using "Perinatal Mental Health Toolkit for Ontario Public Health Units"</li> <li>Provide mental health education and resources through the CPNP program, Family line, Prenatal course, HBHC program</li> <li>Work with Collaborative Birth Planning Committee to identify and offer support to at risk pregnant women using HBHC resources on promoting Maternal Mental Health During Pregnancy</li> <li>Utilize social media to disseminate messages on positive parenting</li> </ul>	Jan-Dec 2021 Jan -Dec 2022	Best Start Network Birth Planning Committee
To improve mental health outcomes among priority populations, such as marginalized youth, low-income families and isolated seniors	Mental health supports to low-income individuals	<ul style="list-style-type: none"> <li>Provide mental health messages and resources through the group-based food sessions in collaboration community partners</li> </ul>	Jan -Dec 2022	Brantford Social Housing Woodview
	Mental health support to at risk youth	<ul style="list-style-type: none"> <li>Provide mental health messages and resources to at risk youth at the Youth HUB either through in person or virtual session (Zoom)</li> </ul>	Jan -Dec 2022	Woodview
	Mental Health support to seniors	<ul style="list-style-type: none"> <li>Raise community awareness regarding elder abuse ("It's Not Right" initiative)</li> <li>Provide brain health sessions to improve senior's cognitive function ("Strengthen Your Mind" initiative)</li> <li>Deliver education sessions to seniors on volunteering as a way to improve social connectedness and decrease social isolation</li> </ul>	Jan -Dec 2022	Seniors Resource Centre  Alzheimer Society  Grand River Council on Aging