After-Action Review Appendix A: Board of Health Interviews

Lambton Public Health

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Background

During the summer of 2022, Lambton Public Health (LPH) conducted an After-Action Review of the COVID-19 pandemic response. The goal of the review was to identify key challenges and best practices through staff debrief sessions, interviews, and surveys. This report builds on the internal review, seeking to identify key pandemic response challenges and best practices from the perspective of members of the Board of Health (BoH). The goal of documenting these lessons learned is to inform future planning and emergency response preparedness for both LPH and the BoH.

Methods

During the spring of 2023, LPH invited five current BoH members who served on the board during peak pandemic response (2020 to 2022) to participate in confidential interviews. The participation rate was 100%. Interviews were up to 30 minutes in length, and were conducted via Microsoft Teams by LPH staff trained in Epidemiology and Program Evaluation. Participants were provided with the interview questions in advance (Figure 1). Responses were transcribed and analyzed using inductive coding to develop codes and themes. In order to represent participant recommendations accurately but anonymously, recommendations were not themed, but were paraphrased and listed.

Figure 1. Interview questions

1. Can you describe how your organization worked with LPH during the pandemic?
2. Can you describe what worked well while working with LPH?
3. Can you describe any challenges you encountered while working with LPH?
4. What specific actions should be taken in order to improve how our organizations work together during an emergency response?

Results

What went well?

Collaboration

All participants described instances of positive collaboration between the BoH and LPH. This is defined as the two organizations working together and sharing resources to achieve positive outcomes. When describing collaborative efforts, participants acknowledged that this required both organizations to adapt to rapidly changing circumstances. Examples of positive collaboration included: the BoH redeploying County employees from other divisions to support public health, and LPH supporting the BoH in interpreting and implementing provincial public health guidance.

Medical Officer of Health Engagement

When asked to describe successful interactions between the BoH and LPH, most participants expressed that they valued the regular updates provided to the BoH by the Medical Officer of Health. Participants described Dr. Ranade as an excellent communicator, and a reliable source of information. It was noted that the relationship between the Medical Officer of Health and the BoH

grew and developed throughout the emergency response. This resulted in a strengthened connection and was a positive outcome of the pandemic.

LPH - Trusted partner

All participants expressed that the BoH relied on LPH for their wealth of expertise and guidance. Some expressed that they viewed LPH (in many cases the MOH) as the knowledge experts and therefore, took direction and trusted the advice that was provided. The BoH participants perceived that LPH responded well to the pandemic and were particularly impressed with the vaccine rollout. Most participants suggested that when challenges with pandemic response occurred, they did not directly involve LPH, rather the challenges were associated with external factors out of LPH's and the BoH's control. For example, challenges frequently mentioned included the constantly evolving situation and changes to the provincial guidance. BoH members expressed empathy and understanding towards LPH and generally supported the decisions made by LPH. It was widely understood that decisions were made with the information and resources available at the time.

What didn't go well?

Pre-existing local public health context

Participants described some pre-existing factors related to public health governance that contributed challenges to the pandemic response. Some noted that at the beginning of the pandemic, they were unclear on the roles and responsibilities of the BoH, and public health during an emergency response. Without this role clarity, they found it challenging to resolve conflict. LPH has an integrated BoH structure, meaning that one municipality appoints representatives to the BoH and operations are integrated with the municipality's administrative structure. This is in contrast to an autonomous BoH, which may include public appointees and/or citizen representatives. Related to this, participants expressed concern that BoH members did not have appropriate education/qualifications to provide direction to public health during a public health emergency. While multiple participants shared concerns about qualifications among BoH members, not all explicitly attributed this concern to the structure of the BoH.

Inconsistent pandemic response guidance

Often when challenges were identified, they related to situations that were outside of LPH's control. This included the constant change in information and inconsistencies that often made it difficult to communicate clearly to the public.

Dealing with evolving information posed significant challenges identified by most BoH participants. Sometimes a change would be announced by the province but would not take into effect or was difficult to implement immediately. This resulted in conflicting messages being delivered to the public which caused confusion. Managing the dynamic changing directives from both federal and provincial levels of government presented ongoing challenges.

Another challenge was related to inconsistencies in the rules and regulations across the province, particularly in neighbouring regions. This inconsistency was sometimes the result of Ontario's regional approach to COVID-19 restrictions, and was sometimes the result of ambiguous guidance that was unintentionally implemented differently across jurisdictions. For example, it was mentioned that it was challenging to send a clear and consistent message to the public when there were different rules and regulations for neighbouring communities (e.g., Chatham-Kent and London-Middlesex). Participants expressed that it was difficult to explain why some activities were allowed in one region and not others. This was particularly difficult in communities that were on the border of neighbouring regions.

Pushback and misinformation

Some participants mentioned that the challenges related to the evolving information, changing guidance, and inconsistencies contributed to pushback and misinformation. Participants said that misinformation was generated by a proliferation of information from unreliable sources. Use of misinformation was observed among the public and members of the BoH. Pushback included both

disagreement with reliable sources of information, and backlash related to public health guidance. Often backlash was directly related to inconsistencies in this guidance.

Participant Recommendations

Participants provided the following recommendations on improving collaboration between LPH and the BoH, both related to pandemic response and regular operations. *Please note that these recommendations come directly from participants, and not synthesis of evidence from the reviewers. They are presented in no particular order.*

BoH/LPH Engagement

1. Explore ways to streamline communication between the Medical Officer of Health and the BoH, including:
    a. Appointing a BoH member to liaise with the Medical Officer of Health
    b. Engaging a smaller committee within the BoH
    c. Providing the Medical Officer of Health with written questions from the BoH ahead of time, and allowing them to respond in writing
2. Maintain an ongoing and more collaborative relationship between LPH and the BoH, through:
    a. Holding annual or bi-annual meetings between LPH and the BoH (or a sub-committee) outside of regular Council meetings in order to keep lines of communication open

Public Information Sharing

1. Expand and streamline access to information provided from LPH to the BoH during emergency response, including:
    a. Hosting consistent, fact-checked public health information or Q&As from the Medical Officer of Health on county and municipal websites
    b. Providing printouts of the same information at community organizations for those without regular access to the internet

Emergency Response

1. Continue practice of ongoing flexibility and adaptation that served both LPH and the BoH well during the COVID-19 pandemic
2. As part of BoH orientation, pre-establish clear responsibilities and expectations of both LPH and the BoH during emergency response, and identify mechanisms for conflict resolution
3. Examine value and potential risks of interventions before implementing
4. Collaborate with neighbouring jurisdictions to offer and advertise shared immunization clinics, especially near PHU jurisdictional borders

Conclusion

LPH and the BoH shared resources and information in an effort to respond to a public health emergency that changed continuously over the course of two years. The vaccine rollout and clear communication from the Medical Officer of Health were seen as highlights of this collaboration. Both organizations experienced challenges including inconsistent pandemic response guidance, as well as pushback and misinformation. While some initial lack of clarity about the roles and responsibilities of the BoH and public health presented a challenge, participants provided relevant recommendations to help address these challenges.

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