



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Chad Ikert, Manager, Health Protection Siobhan Churchill, Epidemiologist Bethany Gaudet, Program Planning & Evaluation Coordinator
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	November 29, 2023
INFORMATION ITEM:	After Action Review of Lambton Public Health's COVID-19 Pandemic Response - Partner Engagement Reports

BACKGROUND

During the summer of 2022, Lambton Public Health (LPH) conducted the first phase of an After-Action Review (AAR) of the COVID-19 pandemic response. The goal of the first phase of the review was to identify internal key challenges and best practices through staff debrief sessions, interviews, and surveys. The results of this review were summarized in the report, "*Progressing beyond the Pandemic: Lessons Learned from Lambton Public Health's COVID-19 Response*" which was provided to Council for The Corporation of the County of Lambton (County) through Council report [After Action Review of Lambton Public Health's COVID-19 Pandemic Response and Summary of Lessons Learned](#) dated April 5, 2023.

During 2023, LPH conducted the second phase of the AAR which gathered input from key partner organizations that were regularly engaged during the pandemic. The goal of this phase of the review was to secure valuable input and feed-back on LPH's pandemic response efforts from an external perspective. The organizations engaged through this review included: the Board of Health (BOH), long-term care homes, retirement homes, schools and childcare centres, shelters, the Sarnia jail, Bluewater Health, St. Joseph's Hospice, and other congregate living settings such as group homes, community living, and temporary foreign worker housing.

The key findings identified through LPH's AAR with partner organizations are summarized in the attached reports, "*AAR Appendix: Board of Health Interviews*" (Appendix A), and "*AAR Appendix: Partner Organization Survey*" (Appendix B). The results provide valuable insight on strengths and lessons learned throughout the pandemic response and will help LPH to evaluate, learn, improve, and better prepare for future public health emergencies.

DISCUSSION

During 2023, LPH engaged community partners through qualitative interviews with BOH members, and a mixed-methods survey of other partner organizations. Interview and survey questions were designed to have participants identify the following while working with LPH during pandemic response:

1. What went well, and why?
2. What didn't go well, and why?
3. What recommendations do you have to improve how our organizations work together in the future?

In addition to these questions, partner organization survey respondents were asked to evaluate their firsthand experiences with the following services and supports provided by LPH during the pandemic:

- Interpretation of public health guidance
- Consultation on pandemic related policies and procedures
- Outbreak detection and management
- Infection prevention and control audits
- On-site vaccine clinic support
- Tangible resources (e.g., personal protective equipment, test kits)

Key results of each of these projects are summarized below and are available in more detail in the full reports (Appendices A & B).

Results - Board of Health Engagement

LPH and the BOH shared resources and information to respond to the COVID-19 pandemic. 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. Recommendations from participants fell into the categories of: BOH/LPH Engagement, Public Information Sharing, and Emergency Response.

Results - Partner Organization Survey

Overall, participants responded very positively to quantitative evaluation questions on the support that LPH provided to partner organizations during the pandemic. The majority of participants agreed that LPH provided effective interpretation of public health guidance, consultation on pandemic related policies, outbreak detection and management, infection prevention and control audits, on-site vaccine clinic support, and tangible resources. When asked qualitative questions about what did and did not work well while collaborating

with LPH, clear communication emerged as both a challenge, and a success. The importance of clear communication is consistent with findings from AAR engagement with LPH and the BOH.

FINANCIAL IMPLICATIONS

All costs associated with the Infectious Disease Prevention and Control Program (IDPC) and the Public Health Emergency Preparedness Program are included in the approved 2023 LPH budget, which are cost-share funded 70% provincial and 30% municipal. The IDPC program is also eligible to receive 100% provincial grants for IPAC Hub coordination and COVID-19 response activities.

CONSULTATIONS

The Medical Officer of Health, General Manager, Public Health Services, LPH Managers and staff were consulted, as necessary in the preparation of this report.

STRATEGIC PLAN

The mandatory Infectious Diseases Prevention and Control and Public Health Emergency Preparedness Programs are consistent with the principles and values identified in the County of Lambton Strategic Plan. These programs encourage Lambton's residents to care for one another and support the value of Lambton County as a healthy community. Lambton Public Health's mission is to promote and protect the health of Lambton County's citizens, including the prevention of disease.

CONCLUSION

LPH and partner organizations worked collaboratively to respond to a public health emergency that changed continuously over the course of two years. LPH's external engagement sessions provided an opportunity for community partners and BOH members to share their experience in working with LPH during the pandemic response. The results of both the BOH Interviews and the Partner Organization Survey highlight several key strengths and areas for improvement in the local pandemic response.

Overall, the results reflected positive perceptions of all types of support that were evaluated. The findings from these reports will be used to strengthen existing partnerships and better prepare for future emergencies. The results emphasize the strong local partnerships that contributed to a successful response to the COVID-19 pandemic in Lambton County.

After-Action Review Appendix A: Board of Health Interviews



November 29, 2023

Prepared by Siobhan Churchill, MSc and Bethany Gaudet, MPH

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.

Acknowledgments

The AAR Team includes: Chad Ikert, Siobhan Churchill, Bethany Gaudet, Nancy Wai, Anita Trusler, Lori Lucas, and Jennifer Graham. The team would like to thank Andrew Taylor, General Manager, Public Health Services Division, Dr. Sudit Ranade, Medical Officer of Health (2012-2022), and Dr. Karalyn Dueck, Medical Officer of Health (2022-Present) for their guidance and support for the project.

Finally, the team would like to thank the staff of Lambton Public Health and their Board of Health for their contributions to the local COVID-19 response, and for their reflections that were foundational to the After-Action Review.



**Lambton
Public Health**

After-Action Review Appendix B: Partner Organization Survey

November 29, 2023

Report prepared by: Siobhan Churchill, MSc & Bethany Gaudet, MPH

Background

During the summer of 2022, Lambton Public Health (LPH) conducted an After-Action Review of the COVID-19 pandemic response with the goal of identifying 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 representatives from congregate settings that worked with LPH during pandemic response. The goal of documenting these lessons learned is to inform future planning and emergency response preparedness.

Methods

LPH invited employees from local congregate settings to complete an online survey for the purpose of evaluating LPH's pandemic response. Sectors that were eligible to complete the survey included: **long-term care homes (LTCH), retirement homes (RH), schools and child care centres, shelters, the jail, the hospital, hospice, and other congregate living settings** such as group homes, community living, and temporary foreign worker housing. Potential participants were identified by LPH staff and invited by email and during regular meetings. Those invited were encouraged to invite their colleagues. Only those employees who directly engaged with LPH during the pandemic were eligible to participate. Respondents were asked to evaluate each type of support that they personally interacted with (Figure 1) through a series of quantitative rating scales. Respondents were also asked several qualitative questions at the end of the survey (Figure 2).

Evaluation Questions

Figure 1: Types of support evaluated

- Interpretation of provincial public health guidance
- Consultation on pandemic-related policies and procedures
- Outbreak detection and management
- On-site infection prevention and control (IPAC) audits
- On-site vaccine clinic support
- Tangible resources (e.g., test kits, PPE)

Evaluation Questions

Figure 2: Qualitative questions

1. Thinking of how LPH and your organization worked together during the pandemic - what worked well?
2. Thinking of how LPH and your organization worked together during the pandemic - what didn't work well? What changes would you recommend?
3. Is there anything else that your organization would like LPH to know?

Results

A total of **102** valid respondents completed the survey. As expected, the number of survey responses increased with the size of the sector. For example, just under half of respondents were from schools, including local school boards (Figure 3), while smaller sectors such as the hospice and jail accounted for 1% of respondents, respectively. Most respondents worked in a supervisory or managerial role (75%), and most worked with clients in-person during pandemic response (88%).

Figure 3: Distribution of respondents by organization type (n=102)

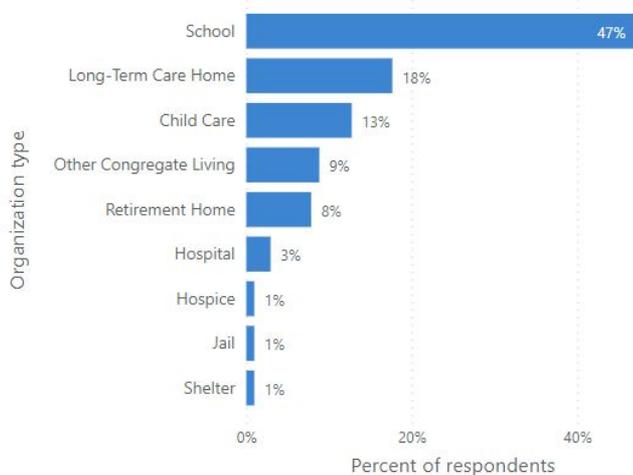
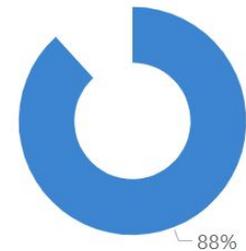


Figure 4: Percent of respondents who held a supervisory or managerial role during pandemic response



Figure 5: Percent of respondents who worked with clients in-person during pandemic response

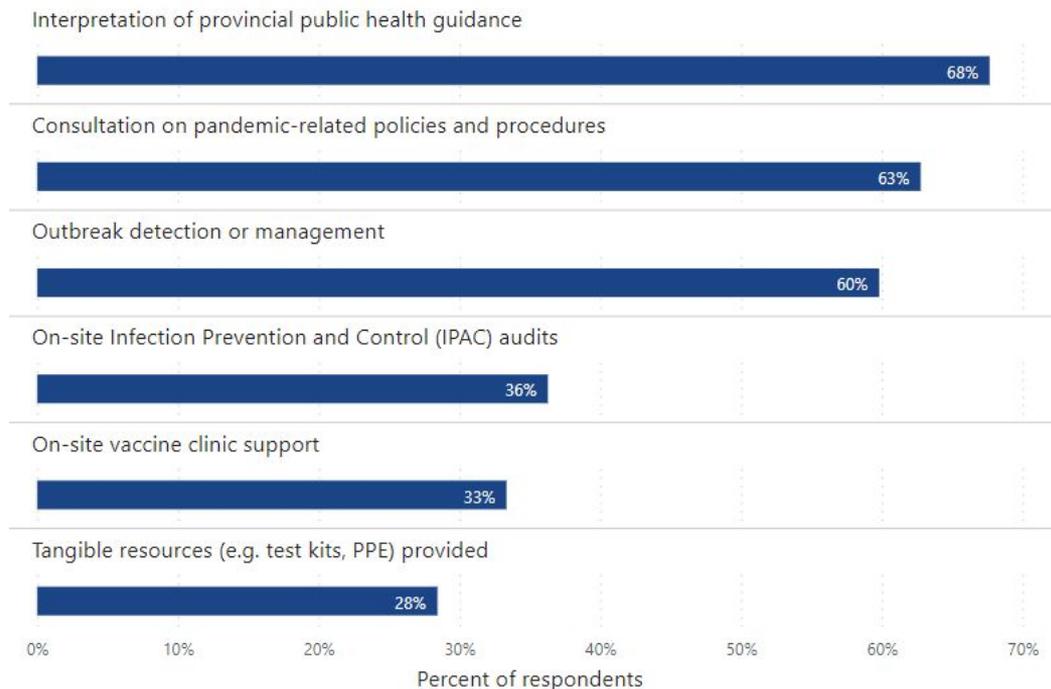


Support Provided by LPH

Interpreting provincial public health guidance was the primary form of support provided by LPH among respondents with **68%** of respondents selecting this option. This was closely followed by **consultation on pandemic-related policies and procedures (63%)** and **outbreak detection and management (60%)**.

Since organizations could receive more than one type of support from LPH, the percentages in Figure 6 do not sum to 100%.

Figure 6: Types of support provided to organizations by LPH

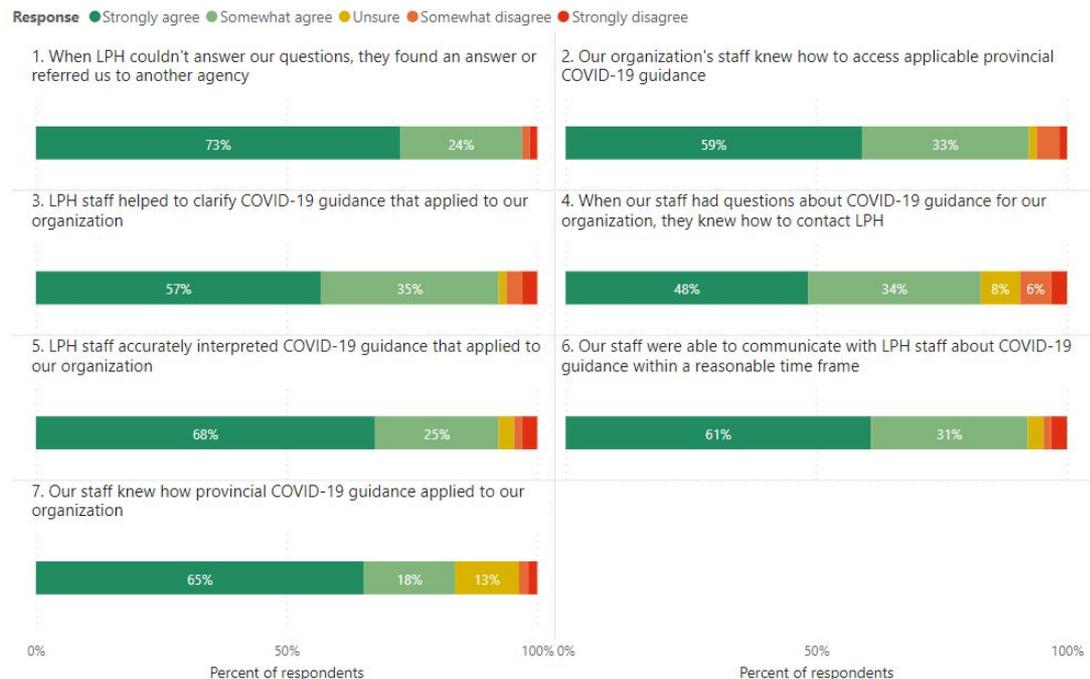


Interpretation of public health guidance

91% agreed that LPH staff accurately interpreted guidance that applied to their organization (Q5), and **97%** of respondents agreed that when staff from LPH couldn't answer their questions, they found the answer or made a referral (Q1).

While still strong, fewer respondents (**82%**) knew how to contact LPH for guidance (Q4), and **83%** agreed that *their own staff* knew how guidance applied to their organization (Q7).

Figure 7: Respondent perceptions of LPH support with interpreting public health guidance (n=66)



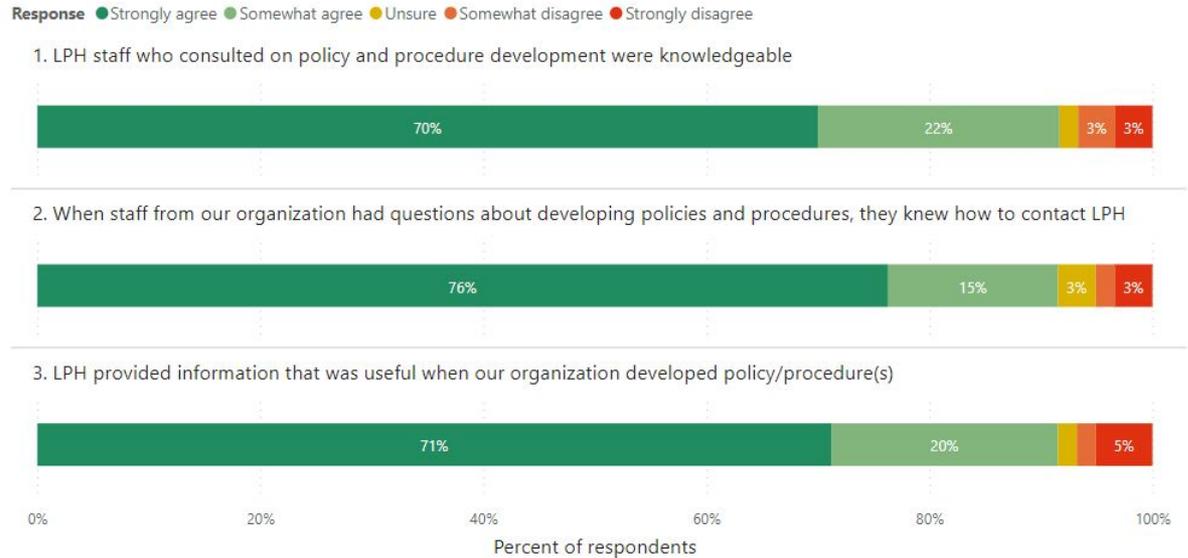
Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

Consultation on pandemic-related policies & procedures

92% of respondents agreed that staff who consulted on policy and procedure development were knowledgeable (Q1) and **92%** agreed that useful information was provided (Q3).

Additionally, when organizations had questions related to developing policies and procedures, **91%** agreed they knew who to contact (Q2).

Figure 8: Respondent perceptions of policy & procedure consultation provided by LPH n=60



Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

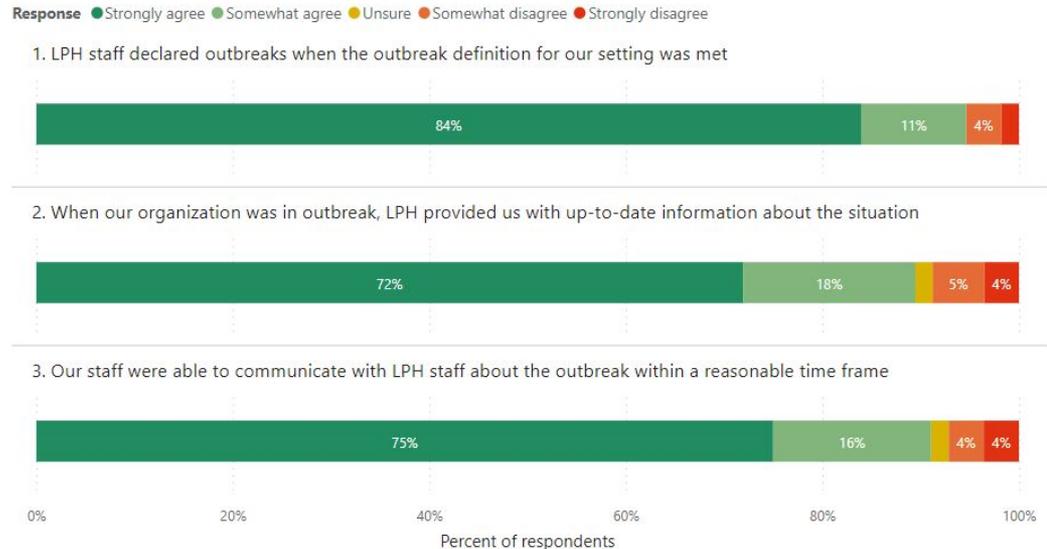
Outbreak detection and management

95% participants agreed that LPH staff declared outbreaks when the outbreak definition was met for the organization's setting (Q1).

90% of participants indicated that LPH provided their organization with up-to-date information (Q2), and

91% agreed that it was communicated in a reasonable time frame (Q3).

Figure 9: Respondent perceptions of LPH support with outbreak detection and management (n=57)



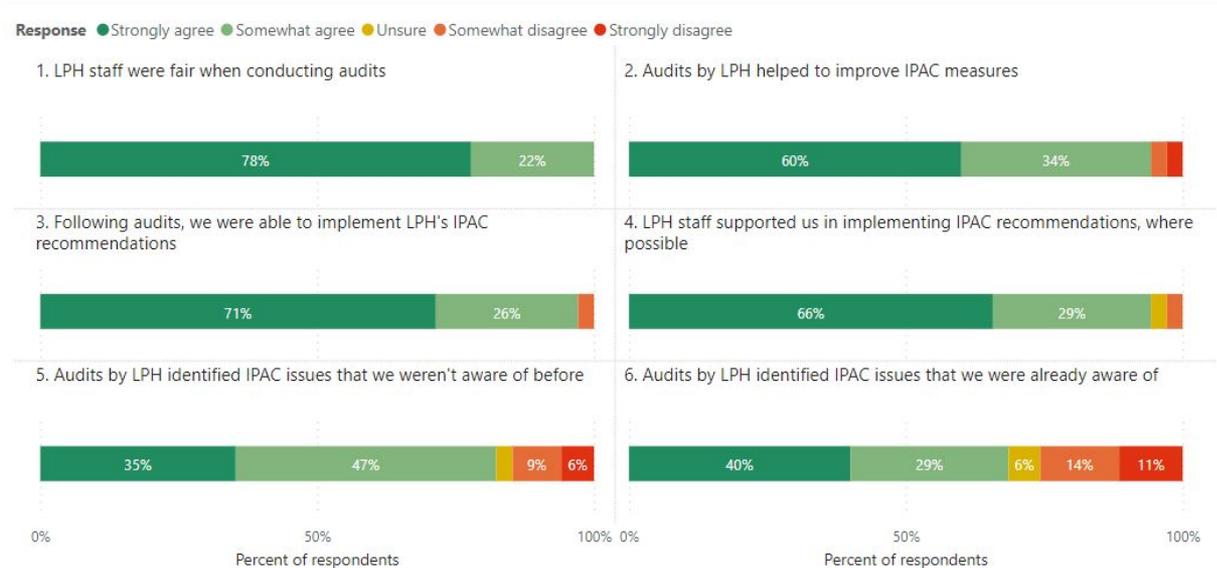
Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

On-site IPAC audits

100% of respondents who received audits agreed that LPH staff were fair when conducting audits (Q1), and **94%** agreed that these audits helped to improve IPAC measures (Q2).

Audits identified IPAC issues that the facility was already aware of, and issues that were new to them (Q5, Q6).

Figure 10: Respondent perceptions of LPH IPAC audits (n=36)



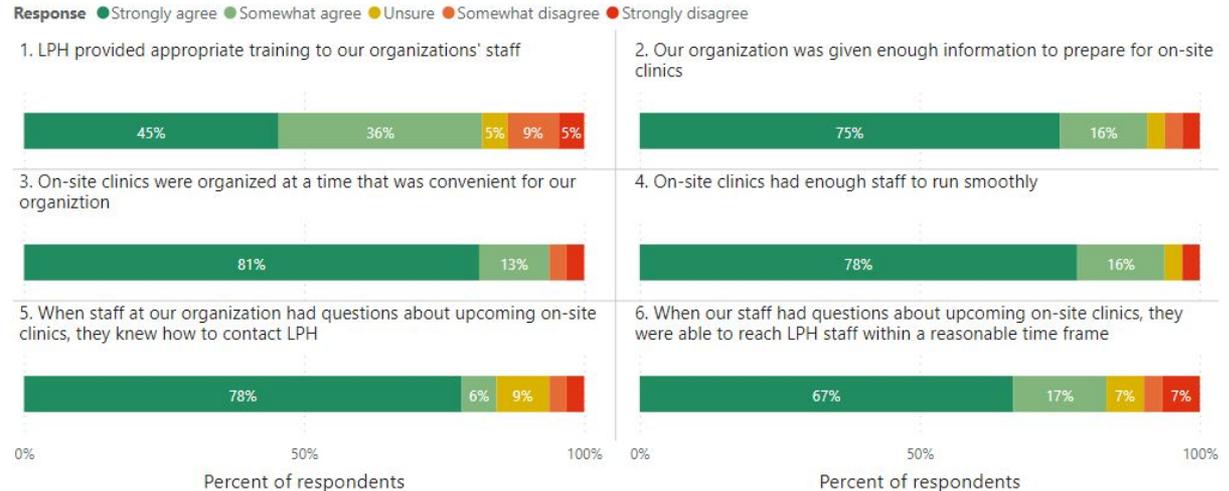
Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

On-site vaccine clinic support

94% of respondents agreed that on-site clinics were organized at a time that was convenient for the organization (Q3) and that there were enough staff for the clinics to run smoothly (Q4).

While still mostly positive, **14%** of respondents disagreed that LPH provided appropriate vaccine clinic training to their organization's staff (Q1).

Figure 11: Respondent perceptions of LPH on-site vaccine clinic support (n=32)



Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

Tangible resources

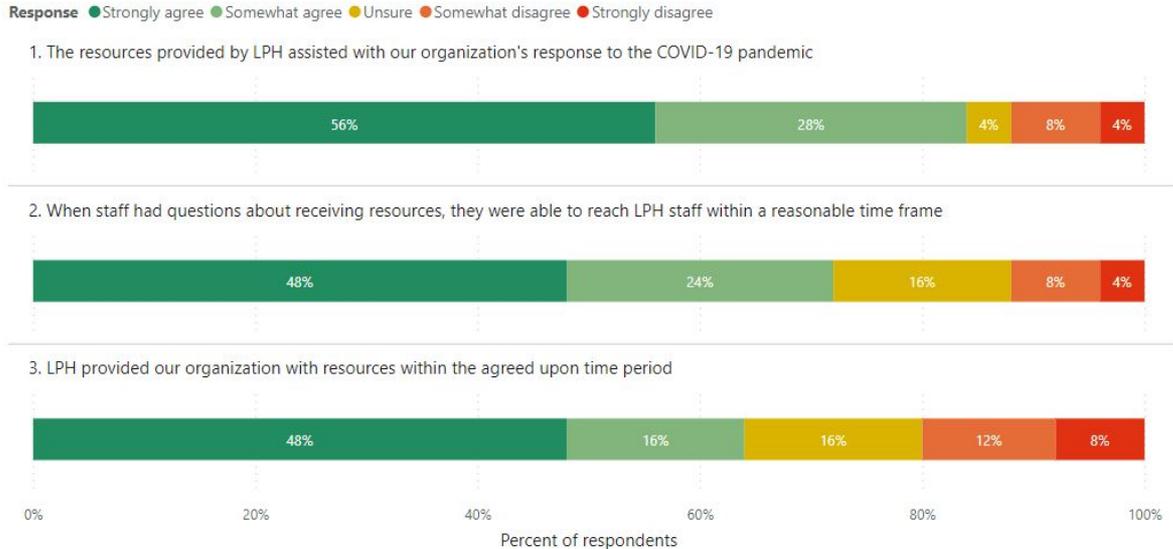
Of the 27 respondents who said their organization received tangible resources:

- **59%** received rapid test kits,
- **52%** received PCR testing support
- **44%** received personal protective equipment

Organizations could receive more than one type of tangible resource, so percentages do not sum to 100%.

While respondents mostly agreed that resources from LPH helped with their organization's pandemic response (**84%**), some noted that resources were not provided within the agreed upon time period (**20%**) or they were unable to reach LPH staff within a reasonable time frame (**12%**).

Figure 12: Respondent perceptions of tangible resources provided by LPH to organizations (n=27)



Excludes respondents who didn't receive this type of support, and those who selected N/A or no response

Open Response: What worked well while working with LPH?

Generally, survey respondents felt positively towards the support provided by LPH. The most commonly mentioned strengths included:

- **Communication** - positive information sharing or updates between partners and LPH staff (n=50)
- **Response time** - quick response time for questions, calls, or emails (n=35)
- **Staff** - positive experiences with LPH staff (n=30)

Examples of what worked well

“LPH nurses are very quick to respond to questions and very helpful in translating ministry guidance. We feel very comfortable reaching out to LPH when we have questions.” - Long-Term Care Home Respondent

“I called to set up mobile vaccination clinics for our 4 buildings in Sarnia and they were able to set up all of them quickly for 1 and 2 vaccines. Everything ran smoothly and were fully staffed. It made for a fast and easy clinic. We were able to add the parents of our congregate care clients. It was a great experience” - Congregate Care Respondent

“Having a couple of consistent LPH contacts made reaching out and finding answers much more accessible, as well as having the option to contact LPH after hours - LPH staff were on call - VERY much appreciated!” - Retirement Home Respondent

“The team I worked with at LPH were always available to promptly answer any questions. They never hesitated to provide support to our home whether it was assistance with resident vaccinations, OB supports, auditing, or reviewing the guidance documents to ensure accurate directions were taken at every step during the pandemic. During audits if any gaps were found they were actively involved in assisting to mitigate those gaps in a supportive rather than punitive way. I appreciate that I have such a wonderful team to work with and I'm grateful for all their support, guidance and encouragement during the pandemic.” - Long-Term Care Home Respondent

“Group zoom meetings for many daycares so that questions could be asked and answered. Also the guidance document that was supplied to centres was extremely helpful.” - Child Care Respondent

“Excellent communications existed between our agencies. Our organizations met each week, along with partners from Chatham-Kent Public Health. This provided us a safe and collaborative environment to problem solve.” - School Respondent

Open Response: What didn't work well while working with LPH?

22 respondents reported that they had no concerns/improvements to recommend. Among those who did, the most common concerns were:

- ❑ **Confusion** - respondents experienced confusion about guidance & other public health information (n=23)
- ❑ **Poor communication** - poor and/or delayed communication with LPH staff (n=19)
- ❑ **Inconsistency** - inconsistent messaging within LPH, or across LPH and other organizations (n=15)

Open Response: Other information

Most respondents who completed this question used the space to express gratitude, reiterate prior remarks, and/or provide examples:

“Overall, [our] team truly appreciates the support provided by the LPH team. Important relationships between us were developed long before the pandemic and that allowed us to immediately be comfortable leaning on each other to work through the many different challenges of a pandemic. I look forward to continuing to grow our relationships and working together as a solid team within the Sarnia/Lambton community.” - Hospital Respondent

“Appreciative of their efforts to help our organization - especially on site vaccinations!” - Congregate Living Respondent

“Thanks for being there when we needed you the most. We all know you must be so overwhelmed with so many things just being thrown your way like us, every few weeks, hats off to you.” - Retirement Home Respondent

“LPH has always been very professional, knowledgeable, friendly and a much appreciated ally.” - Retirement Home Respondent

“We want them to know that their assistance during the Pandemic was invaluable!” - Long-Term Care Home Respondent

“I appreciated the common sense approach and the approachableness. Too often there is a fear of approaching governmental organizations because of a fear of being penalized or jumping through endless hoops. I found LPH approachable and friendly and calming. They seem to come alongside and not in a condescending manner. I thank you for that and LPH seems to recognize that we are not only looking for conformity but looking for best practices” - Congregate Living Respondent

“Thank you for assistance during the pandemic. It was not easy for anyone but knowing LPH was there to help and answer any and all questions as they arose made running a daycare during a pandemic more manageable.” - Child Care Respondent

Conclusion

LPH and partner organizations worked collaboratively to respond to a public health emergency that changed continuously over the course of two years. The results of the LPH partner organization survey highlight several key strengths and areas for improvement in the local pandemic response. In particular, clear communication emerged as both a challenge, and a success. Respondents described experiences where LPH staff were knowledgeable and diligent in interpreting guidance, but also experiences where they received conflicting information, and times when they didn't know how to reach LPH staff. The importance of clear and consistent communication between partner organizations is consistent with findings from AAR engagement with LPH staff and the Board of Health.

Overall, participants had positive perceptions of all types of support evaluated. It is important to note that the survey was completed by a sample of those who received support from LPH, and the perceptions of those who chose to participate may differ from those who did not participate. Additionally, since participation was limited to specific sectors, results may not be generalizable to other sectors that LPH supported.

The results from this survey highlight the many positive interactions between LPH and partner organizations. These findings will be used to help strengthen existing partnerships and prepare for future emergencies. The results emphasize the strong local partnerships that contributed to a successful response to the COVID-19 pandemic in Lambton County.

Acknowledgments

The AAR Team includes: Chad Ikert, Siobhan Churchill, Bethany Gaudet, Nancy Wai, Anita Trusler, Lori Lucas, and Jennifer Graham. The team would like to thank Crystal Palleschi, Jessica Zehnal, Jennifer Beaubien, Rhonda Galler, Matthew Butler, Donna Schmidtmeyer, Kevin Churchill, and Michael Gorgey for consultation and support provided throughout this project. Thanks also to Arianna Satram for support with qualitative analysis.

The team would like to thank Andrew Taylor, General Manager, Public Health Services Division, Dr. Sudit Ranade, Medical Officer of Health (2012-2022), and Dr. Karalyn Dueck, Medical Officer of Health (2022-Present) for their guidance and support for the project. Finally, the team would like to thank the staff of Lambton Public Health and all partner organizations for their contributions to the local COVID-19 response, and for their reflections that were foundational to the After-Action Review.