



AGENDA **LAMBTON COUNTY COUNCIL**

Wednesday, April 3, 2024 9:00 AM
Council Chambers, Wyoming

Page

1. Roll Call

2. Land Acknowledgement

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

3. Disclosures of Pecuniary of Interest

If any.

4. IN-CAMERA SESSION - 9:00 A.M.

Recommendation

That the Warden declare that County Council go in-camera to discuss the following:

- a) to review the Lambton County Council (Closed Session) minutes dated March 6, 2024 pursuant to s. 239 (2)(d) of the *Municipal Act, 2001*.
- b) to receive a report and provide instructions related thereto, regarding negotiations between the County and a third party relating to a development project in the City of Sarnia, pursuant to s. 239(2)(e)(k) of the *Municipal Act, 2001*.

5. OPEN SESSION

Regular Meeting called to order at 9:30 a.m.

6. Silent Reflection

7. Rise and Report Motions of the In-Camera Session

If any.

8. DELEGATIONS

- 4 - 14
- a) Mary Martin, President, Lambton Wildlife Inc., Máirín Ring, Co-Chair Natural Environment Committee and Karen Cooke, member, Natural Environment Committee would like to discuss the importance of woodlands in Lambton County, the relevant County documents that protect woodlands and the reasons why protection is significant for habitat preservation, wildlife protection and ecological services to county residents.

9. Minutes of Council (Open Session)

- 15 - 23
- a) Reading and adoption of the Lambton County Council (Open Session) Budget minutes dated March 6, 2024.

10. Board of Health (Lambton Public Health)

A) Correspondence to Receive and File

Recommendation

That the following correspondence items be recieved and filed:

- 24 - 26
- a) BOH 04-04-24 A letter from Councillor Joy Lachica, Chair, Board of Health, Peterborough Public Health, dated January 31, 2024, advocating for legislated improvements to indoor air quality in indoor public settings to reduce the transmission of COVID-19 and other airborne pathogens.
- 27 - 39
- b) Information Report dated April 3, 2024 Regarding Food Insecurity in Lambton County: The 2023 Nutritious Food Basket.
- 40 - 44
- b) Information Report dated April 3, 2024 Regarding Measles Preparedness.
- 45 - 54
- C) Reports Requiring a Motion**
- a) Report dated April 3, 2024 Regarding Public Health Ontario's Laboratory Modernization Plan with Recommendation to Phase Out Private Well Water Testing in Ontario including correspondence BOH 04-07-24 and BOH 04-08-24.

11. Items Tabled from Previous Meetings

None at this time.

12. Notice of Motion

13. Other Business

14. Notice of By-Laws

- a) #9 of 2024 A By-Law of The Corporation of the County of Lambton to confirm the resolutions and motions of Lambton County Council which were adopted up to and including April 3, 2024.

15. First and Second Reading of By-Laws

- a) #9 of 2024.

16. Third and Final Reading of By-Laws

- a) #9 of 2024.

17. ADJOURNMENT

Recommendation

That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Wednesday, May 1, 2024 with the In-Camera Session to commence at 9:00 a.m.

18. O Canada!



We are:

- A local nature organization and land trust.
- Dedicated to the conservation, preservation, and protection of the natural environment in Lambton County.

Our Request:

Lambton County strengthen protection of woodlands.



Why?

We live in a unique area
- the Carolinian life
zone

Our current woodland
coverage is **less than
14%.**



Lambton County Official Plan, 2020

8.1 Natural Heritage System

Goals:

- To identify, map, protect, restore, and improve natural heritage systems within the County.
- To promote and protect the biodiversity of species found within the ecosystems in the County.
- To promote education and stewardship of the natural heritage system.
- To ensure development results in no negative impacts to significant natural features or their ecological functions.

**Woodlands Conservation Bylaw 2012
vs.
Lambton County Official Plan 2020**

Our concerns:

1. The Current (2012) woodland bylaw does not reflect the goals of the Lambton County Official Plan (2020).
2. There are shortfalls in the implementation of the current bylaw.

Extract from Lambton County Official Plan, 2020:

8.4.8 The County will review and amend the criteria implemented through the Woodlands Conservation By-law to ensure consistency with the goals and policies of the Official Plan.

2012 Bylaw vs 2020 Plan

Cont'd ... **8.4.8** The amended criteria may include:

- a) consideration of whether the woodlot is located within a Significant Woodland or in a natural heritage corridor; as identified in this Plan;
- b) the use of Woodlot Management Plans that incorporate the multiple ownership of the entire woodlot area or patch;
- c) methods to increase indigenous species diversity,
- d) methods to increase use of indigenous species when reforestation is required; and
- e) the confirmation of significant wildlife and wildlife habitat within woodlots.

Shortfall in Bylaw Implementation

Enforce the bylaw as it stands by:

Prioritizing Protection of Woodlands, and

Ensuring that environmental impact studies are completed where required by the bylaw.

Recommendations:

- Improve bylaw by reducing exemptions and removing Section 4 – Council Exemption.
- Revise bylaw to prioritize protection of habitat ie. align it with the Official Plan.

Recommendations:

- Proactively promote use of Management Plans with woodlands owners (per Official Plan).
- Continue and expand upon education for woodland owners and the public.



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Thank
You!

**MINUTES
LAMBTON COUNTY COUNCIL**

March 6, 2024

Lambton County Council was in session in Council Chambers, Wyoming, Ontario, at 9:00 a.m. on the above date. Warden in the Chair; Roll called. All members present. Also present was N. McEwen, Alternate Member to Councillor G. Atkinson, Town of Plympton-Wyoming.

Land Acknowledgement

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

Disclosures of Pecuniary Interest:

Councillor Loosley declared a pecuniary interest with respect to Tab 9, Public Health Services Division, Tab 13, Capital Budget and Tab 14, Reserve and Reserve Funds of the Lambton County Draft Budget, as his son is employed as a paramedic for Emergency Medical Services for The Corporation of the County of Lambton. Councillor Loosley recused himself when these matters were discussed.

Councillor Veen declared a pecuniary interest with respect to Tab 4 General Government Grants of the Lambton County Draft Budget as it relates to Tourism Sarnia-Lambton, as a family member is employed with Tourism Sarnia-Lambton.

In-Camera

#1: Hand/McRoberts: That the Warden declare that County Council go in-camera:

- a) to review the Lambton County Council (Closed Session) minutes dated February 7, 2024 and the Committee of the Whole (Closed Session) minutes dated February 21, 2024 pursuant to ss. 239 (2)(c), (d), and (k) of the *Municipal Act, 2001*.
- b) to receive a report and provide instructions, regarding labour relations specifically regarding collective bargaining with UNIFOR 444, pursuant to s. 239(2)(d) of the *Municipal Act, 2001*.

Carried.

Lambton County Council (Open Session) March 6, 2024 (page 2)

Time: 9:03 a.m.

Open Session

The Warden declared that County Council go back into Open Session. Council then reconvened at 9:08 a.m.

Rise and Report Motions of the In-Camera Session

The Clerk noted that County Council met in camera to:

- a) adopt the Lambton County Council (Closed Session) Minutes dated February 7, 2024 and the Committee of the Whole (Closed Session) Minutes dated February 21, 2024.
- b) receive a report and provide instructions, regarding labour relations specifically regarding collective bargaining with UNIFOR 444.

Minutes of Council (Open Session)

The Lambton County Council (Open Session) minutes dated February 7, 2024, were presented.

#2: Case/SageMan: That the Lambton County Council (Open Session) minutes dated February 7, 2024, be accepted as presented.

Carried.

2024 Budget Deliberations

Lambton County Council went into the 2024 Budget Session.

Larry Palarchio, General Manager, Finance, Facilities and Court Services provided a brief overview regarding the process to be followed.

Council commenced the 2024 budget process with staff reports referred to Budget and then reviewed the budgets for each Division. Council made resolutions on an exception basis as recorded in the attached minutes dated Wednesday, March 6, 2024, specifically motions number (1-5) therein.

Reports Requiring a Motion

SOCIAL SERVICES DIVISION

Lambton County Council (Open Session) March 6, 2024 (page 3)

Report dated March 6, 2024 Regarding Supportive Housing Partnership

#3: Bradley/White: That Staff be authorized to issue a Request for Proposal (RFP) for a Supportive Housing Agency partnership.

Carried.

Committee of the Whole Minutes (Open Session)

#4: Sageman/Miller: That the Committee of the Whole (Open Session) minutes dated February 21, 2024 be accepted as presented.

Carried.

Other Business

York1 Environmental Waste Solutions Proposal

Councillor Broad raised the York1 Environmental Waste Solutions Proposal and advised County Council that York1 Environmental Waste Solutions is proposing amendments to waste processing/transfer and disposal operations at a landfill site in Dresden, approximately 2.5 kilometres south of the County of Lambton border. Councillor Broad requested that Jason Cole, General Manager, Infrastructure & Development Services provide information to the local municipalities so that each local municipality may have an opportunity to provide their own response and comments on the proposal prior to the March 16, 2024 deadline.

Distribution of 2025 Budget

Councillor Loosley suggested to staff that the annual draft budget be distributed in mid January rather than mid February.

By-Laws

#5: Broad/Agar: That By-Laws #7 and #8 of 2024, as circulated and amended, be taken as read a first and second time.

Carried.

#6: Agar/Broad: That By-Laws #7 and #8 of 2024, as circulated and amended, be taken as read a third time and finally passed.

Carried.

Lambton County Council (Open Session) March 6, 2024 (page 4)

Adjournment

#7: Veen/Dennis: That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Wednesday, April 3, 2024.

Carried.

Time: 10:45 a.m.

Kevin Marriott
Warden

Olivia Leger
Clerk

2024 BUDGET MINUTES
County Council

Budget Minutes for: Wednesday, March 6, 2024

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
1	Agar, Jeff Case, Todd	PW - Roads That Council authorize completion of the final engineering design for the proposed intersection improvements at County Road 4 and County Road 31 and that the cost thereof not to exceed \$400,000 to be drawn from debt financing, and that staff return to Council in 2025 with a full engineered project scope for Council's consideration. A recorded vote, starting with Councillor Boushy, was requested by Councillor Agar.	Operating: Non-TCA: TCA:	400,000			A	35	2
								Councillors	
								Yes	No
								Agar, Jeff	3
								Atkinson, Gary	3
								Boushy, Dave	3
								Bradley, Mike	3
								Broad, Alan	1
								Case, Todd	2
								Cook, Doug	3
								Dennis, Bill	3
								Ferguson, David	1
								Hand, Bev	1
								Loosley, Brad	2
								Marriott, Kevin	1
								McRoberts, Chrissy	3
								Miller, Steve	2
								Sageman, Dan	2
								Veen, Ian	1
								White, Brian	3

2024 BUDGET MINUTES
County Council

Budget Minutes for: Wednesday, March 6, 2024

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
2	Veen, Ian	Housing Services	Operating:				D	6	31
	Loosley, Brad	That the contribution to the Affordable Housing Reserve be decreased by \$500,000 so that the contribution to the Affordable Housing Reserve be \$2.5 million instead of \$3 million.	Non-TCA:	-500,000	-500,000	-0.559			
		A recorded vote, starting with Councillor Hand, was requested by Councillor Loosley.	TCA:						

County Council

Budget Minutes for: Wednesday, March 6, 2024

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
3	Agar, Jeff	Housing Services	Operating:				D	17	20
	Dennis, Bill	That \$500,000 of the \$3 million contribution to the Affordable Housing Reserve be drawn from the Contingency & Opportunity Reserve and that the remaining \$2.5 million contribution into the Affordable Housing Reserve be funded through taxation. A recorded vote, starting with Councillor Dennis, was requested by Councillor Agar.	Non-TCA: TCA:		-500,000	-0.559			
				Councillors				Yes	No
				Agar, Jeff				3	
				Atkinson, Gary				3	
				Boushy, Dave					3
				Bradley, Mike					3
				Broad, Alan					1
				Case, Todd				2	
				Cook, Doug					3
				Dennis, Bill				3	
				Ferguson, David					1
				Hand, Bev					1
				Loosley, Brad				2	
				Marriott, Kevin				1	
				McRoberts, Chrissy					3
				Miller, Steve				2	
				Sageman, Dan					2
				Veen, Ian				1	
				White, Brian					3

Budget Minutes for: Wednesday, March 6, 2024

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2024 BUDGET MINUTES
County Council

Budget Minutes for: Wednesday, March 6, 2024

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
5	Boushy, Dave	County Council	Operating:				A	25	12
	Ferguson, David	That the 2024 budget be approved as amended during today's deliberations.	Non-TCA:						
			TCA:						
		A recorded vote, starting with Councillor White, was requested by Councillor Bradley.							

**BOH 04-04-24**

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8
P: 705-743-1000 or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

January 31, 2024

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Hon. Paul Calandra
Minister of Municipal Affairs and Housing
minister.mah@ontario.ca

Hon. Mark Holland
Minister of Health (Canada)
hcmister.ministresc@hc-sc.gc.ca

Hon. Sean Fraser
Minister of Housing, Infrastructure and Communities (Canada)
minister-ministre@inf.gc.ca

Dear Honourable Ministers,

Re: Legislated improvements to indoor air quality (IAQ) in indoor public settings are required to reduce the transmission of COVID-19 and other airborne pathogens

Through the COVID-19 pandemic, we have learned that the SARS-CoV-2 virus transmits via an airborne mechanism. Additionally, despite the end to the global declaration of emergency, COVID-19 continues to cause illness and death due to severe disease and through Post COVID Condition (Long COVID). In the region served by Peterborough Public Health, there were 109 PCR-confirmed COVID-19 deaths in 2022 and 35 in 2023.¹ Recently released data from Statistics Canada shows that nationally, in 2022, COVID-19 climbed to the third leading cause of death in Canada; in 2020 and 2021, COVID-19 was the fourth leading cause of death.² Last month, the seven-day average wastewater signal for December 11, 2023 was at 42 normalized viral copies per mL, the highest since monitoring began in January 2021.³ Suffice it to say that COVID-19 is still present and harming our community's health and the economy's stability.

With this recognition, the Board of Health of Peterborough Public Health continues to advocate for improvements in preventive activities and at its January 10th Board of Health meeting resolved to continue this advocacy with this letter to you for your consideration.

Among the most important interventions to prevent COVID-19 is improving the indoor air quality (IAQ) of the air that we breathe. In January 2023, we last wrote to you to advocate for consideration of IAQ improvements. In May of 2023, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) released a new standard that now operationalizes the improvements. Canada uses ASHRAE to inform its current building code development, and so this new standard should be integrated as soon as possible in Canada to improve health and save lives.

Serving the residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough

ASHRAE Standard 241: [Control of Infectious Aerosols](#), specifically addresses improving IAQ to reduce infection from airborne pathogens. The Ontario Society of Professional Engineers notes that “incorporating ASHRAE Standard 241 into the Canadian National Building Code will significantly improve indoor air quality and ensure that building designs and systems are optimized to minimize airborne disease transmission.”⁴

Advancing cleaner air policies and implementing ASHRAE Standard 241 comes with a significant boost to both public health and economic outcomes. “The total monetized COVID-reduction benefit of 16 weeks of Infection Risk Management Mode per year [during the peak ‘season’ of transmission] is about \$40 billion, about 10 times the total cost. Monetized values of other benefits, such as increased productivity and reduction in other virus infections, would likely be another \$20 billion to \$40 billion.”⁵ The return on investment is *at least* 6:1, potentially as much as 8:1.

The bottom line is that scientists, academics, engineers, doctors, and public health practitioners agree that cleaner air in indoor public spaces is needed to truly get ahead of this pandemic and mitigate the onset of future public health emergencies related to airborne pathogens.^{6,7,8}

ASHRAE Standard 241 specifically addresses improved IAQ as it relates to respiratory viruses, a component currently missing from provincial and federal building codes and regulations. The Standard lays out practical solutions that owners, operators, and managers of shared spaces can take to protect those occupying their spaces from airborne pathogens.

ASHRAE Standard 241 and improved indoor air quality should be adopted into federal and provincial building codes and highly considered for inclusion in local property standards by-laws to ensure improvements in the air we breathe and our health.

Respectfully,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

/ag

cc: Local MPPs
Local MPs
Local Councils
Ontario Boards of Health
Association of Local Public Health Agencies (aLPHa)

¹ Public Health Ontario. (2023). Ontario COVID-19 Data Tool. Retrieved November 27, 2023 from <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=trends>

² Statistics Canada. (2023). Leading causes of death, total population, by age group. Retrieved December 19, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310039401>

³ Peterborough Public Health. (2023). COVID-19 and Respiratory Virus Risk Index. Retrieved November 29, 2023 from <https://www.peterboroughpublichealth.ca/covid-19-risk-index/>

⁴ Ontario Society of Professional Engineers. (2023) OSPE Supports Adoption of ASHRAE Standard 241 in the Canadian National Building Code. Retrieved August 16, 2023 from, <https://ospe.on.ca/advocacy/ospe-supports-adoption-of-ashrae-standard-241-in-the-canadian-national-building-code/>

⁵ Richard Bruns, PhD. ASHRAE Journal. (2023). Cost-Benefit Analysis of ASHRAE Standard 241. Marwa Zaatari, PhD.. Anurag Goel, Joesph Maser. ASHRAE Journal. (2023). Why Equivalent Clean Airflow Doesn't Have To Be Expensive

⁶ The Lancet. (2023). US CDC announces indoor air guidance for COVID-19 after 3 years. Retrieved July 7, 2023 from [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(23\)00229-1.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(23)00229-1.pdf)

⁷ National Collaborating Centre for Environmental Health. (2021). COVID-19 and indoor air: Risk mitigating measures and future-proofing. Retrieved July 7, 2021 from <https://nceh.ca/content/blog/covid-19-and-indoor-air-risk-mitigating-measures-and-future-proofing>

⁸ Ibid.



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Michael Gorgey, Manager Health Promotion
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 3, 2024
INFORMATION ITEM:	Food Insecurity in Lambton County: The 2023 Nutritious Food Basket

BACKGROUND

The [Ontario Public Health Standards](#) require health units to monitor local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). Routine monitoring of food affordability helps generate evidence-based recommendations for public health to address food insecurity, which is tied to income inadequacy.

Registered Dietitians at Lambton Public Health utilize the Nutritious Food Basket (“NFB”) survey tool to monitor the cost and affordability of nutritious food. In 2022, the NFB costing tool was updated to align with the 2019 [National Nutritious Food Basket](#). An updated methodology also created a new hybrid model for data collection that includes both in-store and online food costing from grocery retailers. As such, the results from the 2023 NFB will create a new baseline and should not be compared to previous years due to the changes in the survey tool and methodology. Moving forward the annual collection of the NFB time trends will be presented.

The NFB survey results raise awareness about the affordability of nutritious eating and the impact of low income on health. Prior to 2023, the most recent collection of the NFB for Lambton was in 2018.

The purpose of this report is to provide the Lambton Board of Health (County Council) with an overview of the results of the Monitoring Food Affordability in Lambton County 2023 Nutritious Food Basket Report, a copy of which is attached to this report, and demonstrate how vulnerable populations have trouble buying nutritious food after accounting for rent.

DISCUSSION

The NFB survey measures the cost of 61 food items and their quantities needed for individuals in various age and sex groups to follow nutritious eating based on [Canada's Food Guide](#). Foods in the NFB belong in the following categories: vegetables and fruits, protein foods, whole grains, and fats and oils. Canada's Food Guide does not reflect the food practices of all religious and cultural groups and does not acknowledge traditional Indigenous foods and food procurement practices, which is a limitation of this data collection. Costing also does not include convenience foods, snack foods, infant foods or formula and food for special diets, such as gluten-free products. Therefore, this data can underestimate the actual costs of food for some populations.

The NFB also assumes individuals have the time, ability, food skills, and equipment to prepare meals from scratch; that consumers have access to stores, literacy, and language skills to shop for the lowest priced items; and they shop every one to two weeks (which impacts package sizes purchased). The results generate the cost of nutritious eating with 5% added to account for miscellaneous foods used in meal preparation, such as spices, condiments, and tea.

Local food costing using the NFB was collected from eight full-service grocery stores through a hybrid data collection model that included five brick- and- mortar and three online stores. A total of three rural (Corunna, Forest, and Petrolia) and five urban areas (Sarnia) were included to have a 60% urban and 40% rural representation. Food prices were collected by Registered Dietitians from May 23-May 30, 2023.

The local 2023 NFB results show it costs \$1,139 per month (\$263 per week) to feed a family of four. The reference family includes two adults (male and female) ages 31-50 years old, and two children (male age 14, female age 8).

While inflation and the current high cost of living has impacted everyone, the effect is much more significant for those with low income, since they must allocate a greater portion of their income to pay for basic expenses such as rent and food.

To determine affordability of food in Lambton County, results from the local NFB food costing and rent are compared with household income from social assistance or minimum wage. Ten income scenarios were completed. For full details, see the attachment to this report.

Appendix 1 highlights several income scenarios. Data for income is based on the 2022 tax year and is current as of June 2023. These scenarios include food and rent only and are not inclusive of other needs (i.e. internet, phone, personal care products, clothing, childcare, transportation, household operations and supplies, etc.).

These scenarios highlight that incomes and social assistance rates have not kept pace with the increased cost of living. Individuals and/or families relying on social assistance or earning minimum wage would need to spend between 27-47% of their income to purchase nutritious food.

The largest expense for most low-income populations is housing. Housing is considered affordable according to the [CMHC](#), when rent costs are no more than 30% of income. The income spent on rent in each scenario shows that housing is unaffordable and a single person receiving Ontario Works fares the worst, requiring 101% of their income to afford rent. Unaffordable housing is linked to poor health, food insecurity and inadequate nutrition.¹

Food insecurity means a household has inadequate or insecure access to food due to financial constraints and is a key social determinant of health.² When people experience financial pressure, it forces them to reduce their food budget to pay for other non-negotiable living expenses, such as rent and utilities. Data from the Canadian Income Survey showed that nearly 16% of households in Lambton were food insecure between 2020-2022.³ And according to the [2021 census](#), in 2020, one (1) in ten (10) people in Lambton lived on low income according to the Low-Income Measure After Tax.

Food insecurity is associated with increased risk of physical and mental health challenges including chronic and infectious diseases, depression, anxiety, and stress.² This increased risk results in high healthcare costs for food insecure households.² Food insecurity is more prevalent in households that rely on social assistance, rent their homes, or are led by female lone parents.²

FINANCIAL IMPLICATIONS

All costs associated with the monitoring of local food affordability are included in LPH's approved 2024 budget, which is cost share funded between the province and the municipality.

CONSULTATIONS

In the preparation of this report, staff consulted with LPH's Social Determinant of Health Nurses, Social Services Division staff, and Ontario Dietitians in Public Health Food Insecurity Working Group.

STRATEGIC PLAN

Monitoring food insecurity, food affordability, and food availability is consistent with the Vision, Mission and Principles identified in the County's Strategic Plan and support the value Lambton County as a Healthy Community. Additionally, this work aligns with Lambton Public Health's strategic priority and work under Mental Health & Addictions pillar.

Food Insecurity in Lambton County: (page 4)
The 2023 Nutritious Food Basket

April 3, 2024

CONCLUSION

The 2023 NFB data and income scenario analysis demonstrate that many people with low income in Lambton do not have enough money to purchase nutritious food, especially after housing costs and other basic living expenses are considered. Food insecurity is a critical public health issue as it affects all areas of health (e.g., mental, physical, social).

Lambton Public Health is committed to working with partners, stakeholders, and all levels of government to identify and work towards policies that address the root cause of food insecurity.

-
1. Waterson, S., Grueger, B., & Samson, L. (2019, October 31). Position Statement: Housing need in Canada: Healthy lives start at home. Canadian Paediatric Society. Retrieved from: <https://cps.ca/en/documents/position/housing-need>
 2. Tarasuk V. (2023) Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
 3. Public Health Ontario. (2023). Household Food Insecurity Snapshot. PHU (2019 to 2022). Government of Ontario. Retrieved from: Household Food Insecurity Snapshot | Public Health Ontario
 4. Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca>

Food Insecurity in Lambton County: (page 5)
The 2023 Nutritious Food Basket

April 3, 2024

Appendix 1: Lambton Income Scenarios 2023

Income Scenario	Total monthly income	Average monthly rent ^c (% of income)	Monthly food cost ^d (% of income)	Money remaining for other basic needs
Family of Four 1 Minimum Wage Earner ^a 2 adults and 2 children	\$4,166	\$1,462 (35%) *Three bedroom	\$1,139 (27%)	\$1,565
Family of Four Ontario Works ^b 2 adults and 2 children	\$2,800	\$1,462 (52%) *Three bedroom	\$1,139 (41%)	\$199
Single Parent Household Ontario Works ^b 1 adult and 2 children	\$2,566	\$1,202 (47%) *Two bedroom	\$839 (33%)	\$525
One Person Household Ontario Works ^b 1 adult	\$868	\$873 (101%) *Bachelor	\$408 (47%)	-\$413
One Person Household Ontario Disability Support Program ^b 1 adult	\$1,372	\$1,007 (73%) *One bedroom	\$408 (30%)	-\$43

a) 40 hr/wk. \$15.50/hr (minimum wage in May 2023)

b) Basic & maximum shelter allowance Ontario Works and Ontario Disability Support Program as of May 2023

c) Rental Market Report. Canada Mortgage and Housing Corporation, October 2022. Utilities may not be included

d) Ontario Nutritious Food Basket data 2023 for Lambton Public Health – Includes family size adjustment factors

Monitoring Food Affordability

in Lambton County

The **2023** Nutritious Food
Basket Report



PURPOSE

The [Ontario Public Health Standards](#) require health units to monitor local food affordability as part of the [Population Health Assessment and Surveillance Protocol, 2018](#). Registered Dietitians with Lambton Public Health utilize the Nutritious Food Basket (NFB) to evaluate the affordability of food. This involves comparing average food and rent expenses in Lambton with different household income scenarios to illustrate the impacts of income disparity on food affordability.

NUTRITIOUS FOOD BASKET SURVEY

The NFB survey results were collected from eight grocery stores through a hybrid data collection model that included five brick-and-mortar and three online stores. A total of three rural (Corunna, Forest, and Petrolia) and five urban areas (Sarnia) were included to have a 60% urban and 40% rural representation. Food prices were collected by Registered Dietitians from May 23 to May 30, 2023.

The NFB survey measures the cost of 61 food items and their quantities needed for individuals in various groups, based on age and sex, to follow nutritious eating based on [Canada's Food Guide](#). Canada's Food Guide does not reflect the food practices of all religious and cultural groups and does not acknowledge traditional Indigenous foods and food procurement practices, which is a limitation of this data collection. Costing also does not include convenience foods, snack foods, infant foods or formula and food for special diets, such as gluten-free products. Therefore, this data can underestimate the actual costs of food for some populations.

The NFB results do include the cost of eating with 5% added to account for miscellaneous foods used in meal preparation and cooking needs such as spices, seasonings, condiments, baking supplies, coffee, and tea and it assumes that people:

- Always buy according to the lowest price and not according to need or preference.
- Have time, ability, food skills, and equipment to prepare meals from scratch.
- Have access to a grocery store; and
- Grocery shop regularly (every 1 to 2 weeks).

In 2022, the NFB costing tool was updated to align with the 2019 [National Nutritious Food Basket](#) (NNFB). An updated methodology also created a new hybrid model for data collection that includes both in-store and online food costing from grocery retailers. As such, the results from the 2023 NFB will create a new baseline and should not be compared to previous years due to the changes in the survey tool and methodology. Moving forward the annual collection of the NFB time trends will be presented.

In Lambton, the local cost to feed a family* of four is \$1,139 per month (\$263 per week).

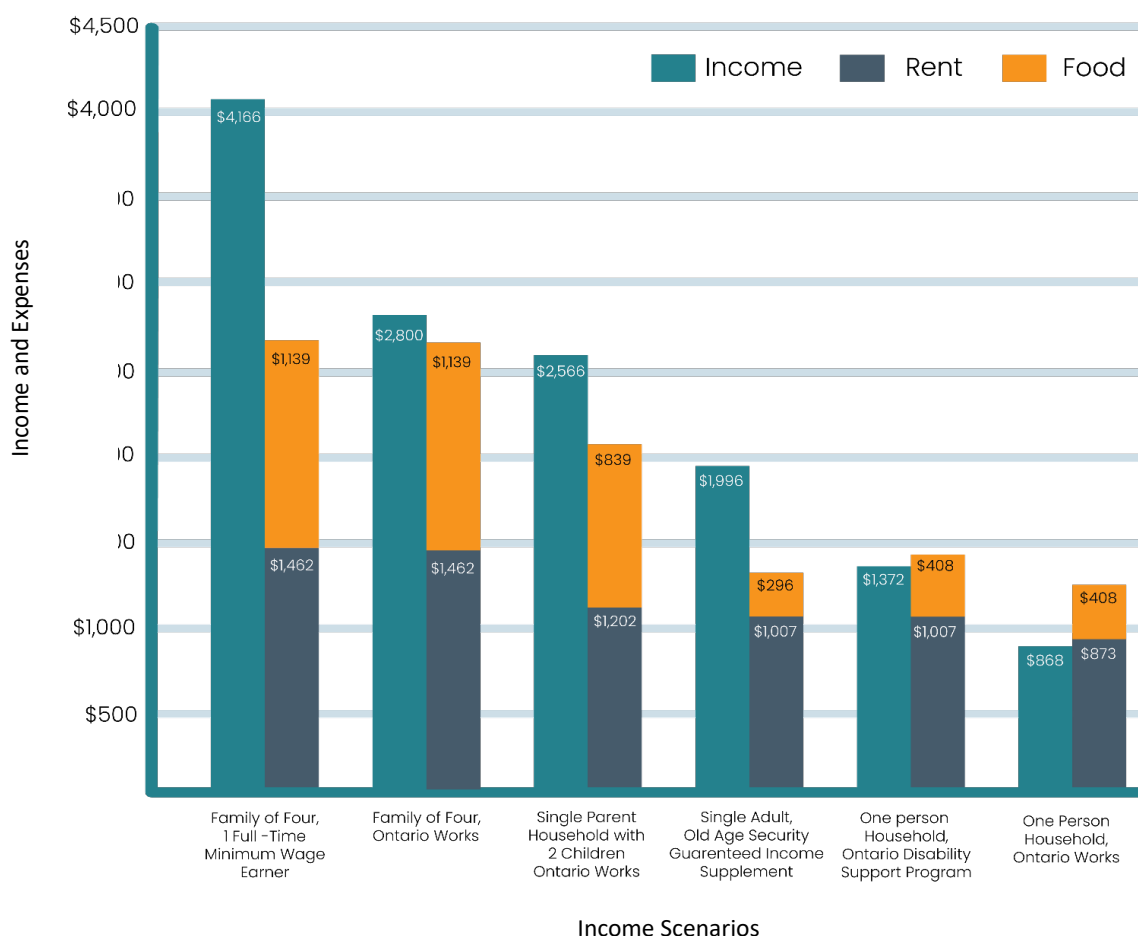
*Family includes 1 female (aged 31-50), 1 male (aged 31-50), 1 boy (aged 14-18 years), 1 girl (aged 4-8 years).

FOOD AFFORDABILITY AND INCOME

Whether or not food is affordable depends on a person's income and other expenses, including housing. When income does not match the cost of food and other basic needs, there are serious negative impacts on physical health, mental health, the healthcare system, and overall social wellbeing.¹

The local monthly food and average rental costs are compared to a variety of household and income scenarios including households receiving social assistance, minimum wage, and median incomes (Figure 1). These scenarios include food and rent only and are not inclusive of other needs (i.e. internet, phone, personal care products, clothing, transportation, household operations and supplies, etc.) (Table 1).

Figure 1. Income Scenarios + Appendix (Table 1)



The largest expense for most low-income residents is housing. Housing is considered affordable, according to the [CMHC](#), when rent costs are no more than 30% of income. Income spent on rent is much higher than 30% in almost all the scenarios in this report indicating that housing is not affordable.

Figure 2. Money remaining to pay other living expenses.



Based on the CMHC's affordability metrics, an income scenario that leaves an adequate amount of money for food and other basic needs would be that of a family of four, whose median income after tax is \$9,290 per month. This scenario assumes an average monthly rent of \$1,462 for a three-bedroom apartment, which accounts for 16% of the monthly household income, and leaves \$6,689 left over for other basic needs, once 12% of the income is allocated for food.

In contrast, a single adult person whose monthly income consists of Ontario Works, spends 101% of their income on rent, with the cost of food accounting for 47% of their available income; leaving them with a net loss of \$413 per month before other basic needs are met. This is just one of the number of scenarios that illustrates the impact of income disparity on food affordability, which contributes to Household Food Insecurity (HFI).

WHY DOES IT MATTER?

Household Food Insecurity refers to inadequate to insecure access to food due to financial constraints. It is known as a sensitive measure of material deprivation and is tightly linked to other indicators of social and economic disadvantage.²

Food insecurity is described on a scale ranging from marginal to severe including:

- Marginal - worry about running out of food and/or limiting food selection.

- Moderate - compromise in quality and/or quantity of food consumed.
- Severe - skipping meals, reducing food intake, or going day(s) without food.

Research shows that adults in food insecure households are more likely to experience mental health disorders, adverse mental health outcomes, and negative health impacts, including risk of chronic diseases like heart disease, hypertension, diabetes, poor oral health, increased risk of infectious disease, and injury.¹

Studies show that children living in food insecure households are more likely to experience mental health conditions such as depression, social anxiety, suicidal ideation, hyperactivity and inattentiveness, asthma, and impacted growth and development from poor nutrition.¹

Higher mortality rates are also a risk for those experiencing severe food insecurity.^{3,4}

Negative health impacts associated with food insecurity also contributes to greater use of the healthcare system. Annual health care costs are 121% higher for adults living in severely food insecure households; 49% higher for adults living in moderately food insecure households and 23% higher for adults living in marginally food insecure households compared to food secure households.⁶

WHO DOES IT IMPACT?

Food insecurity disproportionately impacts marginalized communities.

Single parent households with children are the most vulnerable to food insecurity in Canada, with female lone-parent households have the highest rate of food insecurity at 41.2%, followed by male lone-parent households at 22.6%.⁷

Households with income earners identifying as BIPOC (Black, Indigenous, and people of colour) are more likely to experience food insecurity as compared with non-visible minority households. The highest percentage of individuals living in food-insecure households in 2022 was found among black people at 39.2% and Indigenous Peoples at 33.4%.² This difference reflects a deeper connection to societal issues of systemic racism and colonialism.

In 2021, just over half (51.9%) of Canadians living with food insecurity reported employment as their main source of income.⁷ Low wage jobs and inconsistent work contribute to households not having enough money to buy food. This highlights an issue with the type of employment, including jobs that are precarious, part time, and/or low-paying.

From 2020 – 2022, nearly 16% of households in Lambton were considered food insecure, compared to 18.7% of households in Ontario and 17.8% of households in the 10 provinces across Canada. Provincial and national data is from 2022 and 2021, respectively.^{2, 2, 5}

Among Ontarians who receive social assistance, approximately two-thirds (67.2%) experienced food insecurity in 2021.⁷ Current social assistance rates in Ontario are deeply inadequate for recipients to meet their basic needs.

Renters are also more likely to experience food insecurity than homeowners. In 2022, 28% of Canadian households who rented experienced food insecurity.²

While people who are in a long-term rental may be paying lower than current rental rates according to CMHC, they may experience increased rental costs when they move. In addition, the current CMHC rates identified may be less than actual rental amounts meaning the financial impact reflected in these scenarios may be worse.

ADDRESSING THE ROOT OF FOOD INSECURITY

Food charity has been the primary response for government funding to address the issue of HFI in Canada, however community food programs and food charity programs were not created to address food insecurity.

Systemic measures that implement long-term, income-based strategies that address poverty and improve population health are needed to keep food affordable. Examples of these strategies include improving social assistance rates, raising minimum wage, improving employment standards, and providing a basic income.

Lambton Public Health is committed to working with partners, stakeholders, and all levels of government to identify and work towards implementing policies that address the root cause of food insecurity, allow people to choose what food they want, ensure basic rights to food, and preserve dignity.^{7,8}

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APPENDIX

Table 1: 2023 Income scenarios in Lambton^a

Income Scenarios	Total monthly income ^b	Average monthly rent ^c	Cost of food ^d	Money remaining (for other basic needs)	Percent income for housing	Percent income for food
Family of Four, Median Income (after tax) Two adults (male and female age 31 to 50) Two children (girl aged 8, boy aged 14)	\$9,290	\$1,462 3BDR	\$1,139	\$6,689	16%	12%
Single Parent with 2 children, Full-Time Minimum Wage Earner One adult (female age 31 to 50) Two children (girl aged 3, boy aged 4)	\$4,308	\$1,202 2BDR	\$694	\$2,412	28%	16%
Family of Four, 1 Full-Time Minimum Wage Earner Two adults (male and female age 31 to 50) Two children (girl aged 8, boy aged 14)	\$4,166	\$1,462 3BDR	\$1,139	\$1,565	35%	27%
Family of Four, Ontario Works Two adults (male and female age 31 to 50) Two children (girl aged 8, boy aged 14)	\$2800	\$1,462 3BDR	\$1,139	\$199	52%	41%
Single Parent with 2 Children, Ontario Works One adult (female age 31 to 50) Two children (girl aged 8, boy aged 14)	\$2,566	\$1,202 2BDR	\$839	\$525	47%	33%
Married Couple, Ontario Disability Support Program Two adults (male and female age 31 to 50)	\$2,437	\$1,007 1BDR	\$680	\$750	41%	28%
Single Adult, Old Age Security/Guaranteed Income Supplement One adult (female aged 70 and over)	\$1,996	\$1,007 1BDR	\$296	\$693	50%	15%
Single Pregnant Person, Ontario Disability Support Program One adult (female age 19 to 30)	\$1,412	\$1,007 1BDR	\$387	\$18	71%	27%
Single Adult, Ontario Disability Support Program One adult (male age 31 to 50)	\$1,372	\$1,007 1BDR	\$408	-\$43	73%	30%
Single Adult, Ontario Works One adult (male age 31 to 50)	\$868	\$873 Bachelor	\$408	-\$413	101%	47%

a Information from the table is derived from 2023 – Monitoring Food Affordability in Ontario (MFAO) Income Scenarios Spreadsheet, Lambton Public Health, 2023. Spreadsheet, including a complete list of references is available from Lambton Public Health, upon request.

b Income can be from the following sources, as applicable: Employment, federal and provincial tax credits and benefits, social assistance

c Rental Market Report. Canada Mortgage and Housing Corporation, October 2022. Utilities may not be included.

d Ontario Nutritious Food Basket data 2023 for Lambton Public Health – Includes family size adjustment factors.



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Dr. Karalyn Dueck, Medical Officer of Health Chad Ikert, Manager, Health Protection
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 3, 2024
INFORMATION ITEM:	Measles Preparedness

BACKGROUND

Aligned with Lambton Public Health (“LPH”)’s strategic priority, *Future Readiness for Diseases of Public Health Significance*, a measles preparedness plan has been developed due to [increased measles activity globally](#) with [recent cases in Canada and within Ontario](#). There have been no measles cases over the past ten years in Lambton County, according to [Public Health Ontario data](#).

Measles is caused by a highly contagious virus that spreads very easily through the air or through contact with respiratory secretions on surfaces. The measles virus can live suspended in the air or on surfaces for up to two (2) hours. Symptoms of measles include fever, runny nose, cough, red watery eyes, and drowsiness, followed by a red, blotchy rash that starts on the face and progresses down the body. Small white spots may appear on the inside of the mouth and throat but are not always present. Individuals most at risk for complications from measles are unvaccinated infants, unvaccinated pregnant people, and people who are immunocompromised. Complications include ear infections, diarrhea, hearing loss, pneumonia, brain swelling (encephalitis), seizures, and in rare cases, death. There is no specific treatment for measles other than supportive care.

Vaccination is the best way to protect against measles. [Measles-containing vaccines, measles, mumps, rubella \(MMR\) and measles, mumps, rubella, varicella \(MMRV\), are highly effective and safe](#). Efficacy of a single dose of measles-containing vaccine given at 12 or 15 months of age is estimated to be 85 to 95%. With a second dose, efficacy in children approaches 100%. However, since measles is very contagious, at least 95% of a community needs to be immunized, to develop “community immunity” (“herd immunity”) against measles, to prevent transmission.

DISCUSSION

To prevent, investigate, and contain any suspect or confirmed measles cases, LPH has been ensuring local public health unit preparedness and working with key external partners. Areas of local measles preparedness include health care provider preparedness to investigate and contain suspect measles; measles childhood immunization coverage; vaccine supply; case and contact management and outbreak preparedness; post-exposure prophylaxis for susceptible contacts; and communications. Details within each of these areas of measles preparedness are provided below.

Health Care Provider Preparedness to Investigate and Contain Suspect Measles:

The public health unit does not clinically assess suspect measles cases onsite at its facilities. Rather, LPH supports local health care providers with investigation and containment of suspect measles cases, alongside the health care provider's clinical assessment and treatment decisions for the case in their health care setting. Once notified of a suspect measles case, LPH leads the measles case investigation which includes the management of close contacts of the case.

As such, LPH has ensured local health care providers are equipped with information to appropriately investigate and contain anyone suspected of having measles. LPH health care provider memos were circulated in Lambton County on February 28, March 11, March 14, and March 18, highlighting:

- Supporting childhood immunization coverage through the *Immunization of School Pupils Act, 1990* (ISPA) and provision of routine vaccinations in the community;
- Communicating vaccines are highly effective in preventing disease transmission;
- Being alert to include measles in their differential diagnosis, and implementing airborne and other additional infection prevention and control ("**IPAC**") precautions if measles is suspected;
- Immediately reporting suspect measles cases to LPH as required by the *Health Protection and Promotion Act, 1990* ("**HPPA**");
- Using new Public Health Ontario resources to guide measles immunization, laboratory testing, and implementing appropriate IPAC measures;
- Measles laboratory testing one-page summary for quick reference in practice.

Further, the Medical Officer of Health ("**MOH**") is a member of the Sarnia-Lambton Ontario Health Team's Primary and Specialist Care Advisory Council ("**SL-OHT PSCAC**"), where LPH health care provider memos are reviewed each month with PSCAC members and guests.

The MOH and Supervisor of Health Protection have also met with Bluewater Health hospital decision-makers to ensure preparedness plans and a process to investigate and

contain any suspect measles cases. Meetings included Infection Control Practitioners, Emergency Department, and Diagnostic Services Management.

Measles Childhood Immunization Coverage:

The Ontario Public Health Standards require Boards of Health to assess and maintain records of the immunization status of school pupils every year in accordance with the 'Immunization for Children in Schools and Licensed Child Care Settings Protocol', 2018, under the *Immunization of School Pupils Act, 1990* ("ISPA"). LPH reported details of ISPA enforcement for the 2023-2024 school year in its report titled *Assessment of the Immunization Status of School Pupils and the Suspension Process*, dated July 5, 2023. As of March 18, 2024, the number of elementary school students suspended due to unreported or out-of-date immunization records was down to 17. The number of high school students who had not yet reported up-to-date records and were at risk of suspension on March 26, 2024 under ISPA decreased to 367 by March 18, with numbers anticipated to continue decreasing in the weeks following.

Additionally, in Ontario, the *Child Care and Early Years Act, 2014* ("CCEYA") is the legislation that governs licensed child care settings. Pursuant to O.Reg. 137/15 under the CCEYA, children who are not yet in school and who are attending licensed childcare settings must be immunized as recommended by the local MOH prior to being admitted, which includes measles vaccination for Lambton County.

Immunization information is assessed by LPH's Immunization and School Health staff and maintained in the provincial database system known as Panorama. In Lambton County, children at licensed childcare settings and school students without a valid exemption (i.e., medical, or statement of religious or conscience belief), must have documented receipt of two doses of measles-containing vaccine according to age and the specified schedule. Requiring proof of immunization for the prescribed communicable diseases under each Act provides "community immunity" in childcare and school settings, and ensures protection from vaccine-preventable diseases for children, including measles.

Lambton County has very good childhood immunization coverage rates to protect against measles, according to the latest fulsome pre-COVID-19 pandemic data from [Public Health Ontario, 2019-2020](#), in their report entitled '*Immunization Coverage Report for Routine Infant and Childhood Programs in Ontario: 2019-20, 2020-21 and 2021-22 School Years*'. Up-to-date immunization coverage for measles vaccine among 7- and 17-year-olds for Lambton Public Health catchment area in 2019-2020, as of August 31 of the relevant school year, was 93.7% for 7-year-olds and 98.3% for 17-year-olds. With CCEYA and ISPA programs resumed by LPH in the 2023-2024 school year, childhood immunization rates will be monitored to ensure excellent coverage continues locally.

Vaccine Supply:

LPH has adequate stock of MMR and MMRV vaccines to provide local health care providers, supply LPH childhood catch-up clinics, and for post-exposure prophylaxis needs for susceptible contacts in the event of a local measles case. If more publicly-

funded MMR or MMRV doses were needed, LPH would contact the Ministry of Health's immunization program as per usual processes to secure adequate vaccine supply.

Case and Contact Management and Outbreak Preparedness:

Health Protection staff at LPH have developed internal policies and procedures with accompanying resources, including investigation tools, to direct coordinated case and contact management and/or outbreak response. In addition, planning with Bluewater Health hospital occurred to ensure a pathway for post-exposure prophylaxis for any susceptible close contacts should the need arise through the investigation process.

The LPH Emergency Response Plan, which includes the LPH Infectious Disease Outbreak Plan, was updated in August 2023. In the event of a measles outbreak, the MOH would determine if LPH required Incident Management System ("IMS") activation with surge capacity and budgetary resources to be sought in accordance with the scale of response required. IMS training occurred for Managers, Supervisors, Epidemiologists, and Administrative Assistants on November 2, 2023, to ensure understanding of IMS roles and responsibilities at LPH.

Post-Exposure Prophylaxis for Susceptible Contacts:

In the event Lambton County has an identified measles case, LPH will conduct the case investigation, which includes the management of susceptible contacts. The management of contacts of a measles case can include post-exposure prophylaxis for susceptible contacts who are not sufficiently immune to measles. Post-exposure prophylaxis for susceptible contacts may be administered via MMR vaccine within 72 hours. Alternatively, for susceptible individuals who may not be eligible for MMR vaccine, including infants under 1 year of age if beyond 72 hours of exposure, pregnant non-immune women, and immunocompromised individuals, immunoglobulin (IVIg or IMIg) may be arranged within six (6) days of exposure, through contacting LPH to coordinate administration at the hospital, ensuring adequate IPAC precautions and hospital readiness to receive the contact.

Communications:

LPH staff have responded to calls from the community regarding measles information and immunizations. A ['Feature Story'](#) has been posted on the LPH website to supplement information provided by LPH staff. Importantly, LPH is reminding the community to check their immunization records to ensure their measles vaccinations are up-to-date, in order to prevent measles infection and to prevent transmission. Measles immunization status is found on one's yellow immunization card which can be reviewed with one's Primary Care Provider as needed, or via [ICON](#) for children. The ['Feature Story'](#) also provides key messages around routine and travel immunization for sufficient measles protection.

If an individual believes they may have measles, they should call the clinic or hospital before leaving to be assessed and inform the health care facility of their symptoms of measles; this will allow health care staff to implement the necessary IPAC precautions to reduce the risk of infection and protect others visiting the office, clinic, or hospital.

FINANCIAL IMPLICATIONS

The Infectious Disease Prevention and Control (“IDPC”) program is eligible to receive 100% provincial grants for IPAC Hub coordination. The MMR vaccine is publicly funded. All other costs associated with the IDPC program are provincial and municipal cost-share funded, as approved in LPH’s 2024 Health Protection Budget.

CONSULTATIONS

The Supervisors of Health Protection and the Epidemiologist were consulted in the preparation of this report. Also, consultations and meetings with external partners occur regularly. Additionally, the Ministry of Health and Public Health Ontario are available for consultation and provide direction to public health units regarding measles preparedness and response.

STRATEGIC PLAN

A measles preparedness plan is consistent with the principles, values, and areas of effort identified in the strategic plan. The program supports the value of Lambton County as a healthy community. Correspondingly, LPH supports the goal of health for all by working with the community to assess, promote and protect health, as well as prevent disease and injury.

CONCLUSION

LPH has established a measles preparedness plan, for readiness with [increased measles activity globally](#) and [recent cases in Canada and within Ontario](#). Lambton County does not have any documented measles cases to date. Measles is a highly contagious virus with no specific treatment other than supportive care. Vaccination is the best way to protect against measles. Lambton County has very good childhood immunization coverage for measles, through ISPA and CCEYA efforts. LPH’s measles preparedness plan has established adequate vaccine supply, case and contact management and outbreak preparedness, and post-exposure prophylaxis plans for susceptible contacts, with ongoing communications. Internal and external measles preparedness activities will ensure nimble response to any significant increase in measles trends, as [Ontario’s measles surveillance by Public Health Ontario](#) continues to track the provincial and local situation.



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Chad Ikert, Manager, Health Protection Dr. Karalyn Dueck, Medical Officer of Health
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 3, 2024
SUBJECT	Public Health Ontario's Laboratory Modernization Plan with Recommendation to Phase Out Private Well Water Testing in Ontario – BOH 04-07-24 and BOH 04-08-24

BACKGROUND

In December 2023, The Office of the Auditor General released it's *Value-for-Money Audit: Public Health Ontario (PHO)*. One of the recommendations included within the report was for Public Health Ontario (“**PHO**”), in conjunction with the Ministry of Health to update and implement a laboratory modernization plan to streamline the laboratory's operations. The recommendations in PHO's Laboratory (“**PHOL**”) modernization plan includes closing six (6) of the eleven (11) accredited public health laboratories in Ontario and gradually phasing out private drinking water sampling analysis, in order to mitigate rising costs of maintaining facilities and to establish a more efficient operating model that reduces the rerouting of samples to other PHO laboratory sites.

At the January 31, 2024 meeting of the Ausable Bayfield Maitland Valley Source Protection Committee a resolution was approved directing the Source Protection Committee to send a letter to Minister Lisa Thompson requesting that the province not proceed with the recommended phase out of free private well testing in Ontario. The resolution also sought support from area municipalities, the Minister of Environment Conservation and Parks, the Minister of Health and Long-Term Care, other Source Protection Committees, and local health units. A copy of this letter is attached as Appendix A (BOH 04-07-24).

Furthermore, the Association of Supervisors of Public Health Inspectors of Ontario (“**ASPHIO**”) sent a letter to Ontario's Chief Medical Officer of Health and PHO, to highlight its concerns regarding the recommendations in PHOL's modernization plan noted within the Auditor General's report. A copy of this letter is also attached as Appendix B (BOH 04-08-24).

The purpose of this report is to provide the Lambton Board of Health (County Council) with information about private drinking water sampling analysis in Ontario and the potential risks and consequences of implementing the recommendations of the PHOL modernization plan as outlined in the Auditor General's report.

DISCUSSION

There are approximately 1.5 million people living in rural or remote areas of Ontario who rely on private drinking water wells as their primary sources of drinking water.¹ Private drinking water systems in Ontario do not have the regulatory oversight that municipal/communal/public systems do. These systems are therefore more vulnerable to contamination risks including but not limited to, flooding and run-off from extreme rainfall events. This makes households who rely on their drinking water from private wells at greater risk for enteric illness and sequelae from contamination (e.g., *E. coli*) compared to those served by municipal water supplies. Private well owners are responsible for making sure that their wells are properly maintained and that their water is safe to drink. As such, routine well water testing is a critical practice for private well users to help ensure their well water drinking supply is safe for human consumption.

Currently, PHOL offers free year round drinking [water testing](#) for people who receive their drinking water from private wells or other private drinking water systems (e.g., water from cisterns, treated lake water). The program provides testing for the presence of bacterial indicators of contamination (*E. coli* and total coliforms). Samples are not tested by PHOL for any other contaminants (i.e., nitrates, sodium). Water sample bottles, forms and information for residents are available at public health units, PHO laboratories, or designated pick-up locations in the area. Samples are sent to PHO laboratories to be tested. Test results are typically available two (2) to four (4) business days after dropping off the sample. Results can be received by telephone, mail or can be picked up directly from the PHO laboratories. In accordance with the Ontario Public Health Standards, *Safe Drinking Water and Fluoride Monitoring Protocol, 2023*, upon request Public Health Inspectors provide assistance with interpreting test results and provide information on potential health effects, disinfection, well upgrading and maintenance.

Well water quality can change frequently so public health recommends that private wells be tested by users often, at least 3 times per year – once in spring, summer, and fall. Additionally, testing is recommended after any work is done on a well and after significant weather events such as a fast thaw or severe rainstorm.

In Lambton County, approximately 300 private drinking water samples are submitted for testing each year. Last year 327 samples were submitted for testing with 67 of them being adverse. Public Health Inspectors consult with residents with adverse results to provide education and assistance with corrective action.

¹ Latchmore T, Hynds P, Brown RS, Schuster-Wallace C, Dickson-Anderson S, McDermott K, et al. Analysis of a large spatiotemporal groundwater quality dataset, Ontario 2010–2017: Informing human health risk assessment and testing guidance for private drinking water wells. *Science of The Total Environment*. 2020 Jun;140382.

If the recommendation to phase out free well water testing is approved, well owners will have to pay a commercial lab to have their well water tested, which may add potential barriers and inequities faced by households in rural and remote communities. Reducing access to, and adding a cost to private well water testing, may result in some private well users choosing not to test at all; resulting in unknown quality of their well water to determine if corrective action is needed to render it safe for consumption. This will ultimately result in an increased risk of enteric illness and sequelae from undetected water contamination. Phasing out private drinking water analysis may also lead to the loss of important well water test data which has been crucial for monitoring trends in Ontario source water as well as being used to support important research used in public health policy development.

In the Walkerton Inquiry Report, Part 2, Justice O'Connor concluded that the privatization of laboratory testing of drinking water samples connected directly to the tragic Walkerton *E.coli* 0157:H7 outbreak. The proposed closure of accredited public health laboratories and the phase out of private drinking water sampling analysis does not align with the Inquiry's findings and recommendations. As such, Lambton Public Health staff agree with the concerns highlighted in ASPHIO's letter to Ontario's Chief Medical Officer of Health and PHO, with respect to the potential risks and consequences of implementing the recommendations of the PHOL's modernization plan. Additional details of this plan are as outlined in the Auditor General's report which further recommends consultation with key stakeholders who can contribute valuable insights and perspectives to ensure that any decisions made align to protect and promote public health across the province.

FINANCIAL IMPLICATIONS

All costs associated with the Safe Water Program are cost share funded between the province and municipality, as approved in the 2024 LPH - Health Protection Budget.

CONSULTATIONS

In the preparation of this report, LPH Public Health Inspectors, Supervisor of Health Protection and the General Manager, Public Health Services Division were consulted where necessary.

STRATEGIC PLAN

The services and activities delivered by LPH staff through the safe water program are consistent with the missions, principles and values identified in the County's strategic plan and support the value of the County as a healthy community.

PHO's Laboratory Modernization Plan with Recommendation (page 4)
to Phase Out Private Well Water Testing

April 3, 2024

CONCLUSION

The proposed closure of accredited laboratories and the discontinuation of free private drinking water sampling analysis as recommended in the PHOL modernization plan and outlined in the Auditor General's report poses potential risks and consequences. Routine well water testing is a critical practice for private well users to help ensure their drinking water is safe for human consumption. Reducing access to and adding a cost to private well water testing may result in reduced testing by private well users. This will ultimately result in an increased risk of enteric illness from the consumption of drinking water contaminated with harmful bacteria.

RECOMMENDATION

That County Council support the correspondence received from the Ausable Bayfield Maitland Valley Source Protection Committee on February 26, 2024 regarding concerns with the recommendations of the PHOL modernization plan as outlined in the December 2023 Auditor General's *Value-for-Money Audit: Public Health Ontario (PHO)* report.

APPENDIX A**BOH 04-07-24**

February 26th, 2023

Honourable Lisa Thompson, Ontario Minister of Agriculture, Food and Rural Affairs

Via e-mail: lisa.thompsonco@pc.ola.org

Re: Recommended Phase Out of Free Well Water Testing in the 2023 Auditor General's Report

Dear Minister Thompson,

In the 2023 Auditor General's Value-for-Money Audit of Public Health Ontario (PHO) released in December 2023, recommendation number 5 states that PHO, in conjunction with the Ministry of Health (MOH), are to update and implement a laboratory modernization plan within 12 months to streamline the laboratory's operations.

https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_publichealth_en23.pdf

This stemmed from a 2017 proposal by PHO, collaboratively with the MOH at the request of the Deputy Minister to close six of the 11 public health laboratory sites (Hamilton, Kingston, Orillia, Peterborough, Sault Ste. Marie and Timmins) and gradually discontinue private drinking water testing. The justification:

- Mitigating rising costs of maintaining facilities
- Establishing a more efficient operating model that reduces the rerouting of samples to other PHO laboratory sites

About 50% of the Ausable Bayfield Maitland Valley Region population is serviced by private wells. The proposed removal of PHO's free private drinking water testing is of concern to our Ausable Bayfield Source Protection Committee, particularly when Source Protection Regions have been directed by the Ministry of Environment, Conservation and Parks, Source Protection Branch, to deliver education and outreach to private well owners under the new Best Practices initiative.

In our region, we have been working with service and community organizations such as the Lions, Optimists and Lakeshore Residents Associations to co-host very successful Best Practices 'Water Wise' events that encourage private well owners to sample their drinking water using the free microbial testing provided by the province. By distributing water sample bottles ahead of the event and delivering the samples to Huron Perth Public Health for lab analysis, most of

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the barriers to water sampling are removed. At these events 25% to 50% of a communities well water will be sampled in one day or night.

Well owners understand the importance of testing their well water; it is the inconvenience of doing so that is the barrier. One of the goals of the 'Water Wise' events is to encourage well owners to get in the habit of testing their water regularly as part of Best Practices for protecting their drinking water. The hope is that the community groups and service clubs that Source Protection staff work with will make Water Wise water sampling events part of their regular activities.

Private drinking water systems in Ontario do not have the legislated safeguards that are required for municipal/communal/public systems under the *Safe Drinking Water Act, 2002*. Only municipal water supply systems fall under the *Clean Water Act, 2006* and the Source Water Protection program. Health Canada's guidance on waterborne pathogens references three studies that determine that private systems are vulnerable and there is evidence that demonstrates they are more likely to contribute to gastrointestinal illness than public drinking water systems.

If the free water testing phase out recommendation is approved, well owners would have to use a commercial lab for a fee, which disincentivizes testing. When water is not monitored regularly, there is no way to know the true quality of the water, which puts people at increased risk of becoming ill. With private systems being stand-alone systems, any associated illnesses are isolated sporadic events and do not come to public attention like those seen during the Walkerton outbreak.

The private drinking water test data maintained by PHO has been used by researchers to publish evidence that helps support public health policy. Source Protection Committees can access data associated with their area, as was presented at our March 2023 meeting. The data can be used to inform well owners of regional water quality concerns and associated health risks. If PHO stops testing, this data and affiliated research will no longer be available.

In the Walkerton Inquiry Report Part 2, Justice O'Connor concluded the privatization of laboratory testing of drinking water samples connected directly to the *E. coli* O157:H7 outbreak in Walkerton Ontario in May 2000. Twenty-four years later, there is a proposal to privatize water testing once again.

At the January 31st meeting of the Ausable Bayfield Maitland Valley Source Protection Committee the following resolution was unanimously approved:

MOTION #SPC: 2024-02-04

Moved by Philip Keightley

Seconded by Mary Ellen Foran

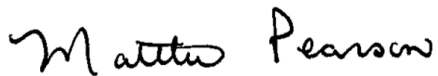
“THAT the Source Protection Committee direct a letter to Minister Thompson requesting that the province not proceed with the recommended phase out of free private well testing in Ontario, and

“FURTHER, THAT area municipalities, the Minister of Environment Conservation and Parks, the Minister of Health and Long-Term Care, other Source Protection Committees, and local health units be forwarded the letter and asked for their support. “

Carried.

Thank you for your consideration of this request.

Sincerely



Matthew Pearson

Chair

Ausable Bayfield Maitland Valley Source Protection Committee

Cc Honourable Sylvia Jones, Minister of Health and Long-Term Care
Honourable Andrea Khanjin, Minister of the Environment, Conservation and Parks

Municipalities of Adelaide Metcalfe, Ashfield-Colborne-Wawanosh, Bluewater, Central Huron, Goderich, Howick, Huron East, Lambton Shores, Lucan Biddulph, Mapleton, Middlesex Centre, Minto, Morris-Turnberry, North Middlesex, North Perth, Perth South, South Bruce, South Huron, Warwick, West Perth, Wellington North
Townships of Huron-Kinloss and North Huron

Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Wellington Dufferin Guelph Public Health

Source Protection Regions: Cataraqui; Central Lake Ontario, Toronto, Credit Valley; Essex; Hamilton Halton; Grey Sauble, Saugeen, Northern Bruce Peninsula; Lake Erie; Lakehead; Mattagami; Mississippi-Rideau; Niagara; North Bay; Quinte; Raisin South Nation; Sault Ste. Marie; South Georgian Bay Lake Simcoe; Sudbury; Thames -Sydenham and Region; Trent Conservation Coalition



APPENDIX B

BOH 04-08-24

Association of Supervisors of Public Health Inspectors (Inc. 1982)

March 5, 2024

Michael Sherar
President & Chief Executive Officer
Public Health Ontario
president@oahpp.ca

Dr. Kieran Moore
Chief Medical Officer of Health, Public Health
Ontario Ministry of Health
Kieran.Moore@ontario.ca

Re: Comments on the Public Health Ontario Laboratories Modernization Plan

The Association of Supervisors of Public Health Inspectors of Ontario (ASPPIO) has reviewed the Office of the Auditor General of Ontario's report, *Value-for-Money Audit: Public Health Ontario* (December 2023). In writing this letter, we would like to respectfully highlight our concerns regarding the recommendations in Public Health Ontario's laboratory modernization plan to close six accredited laboratories and phase out private drinking water sampling analysis, as noted within the Auditor General's report.

As an organization committed to advancing public health, ASPPIO is keenly aware of the complexities involved in such decisions and would like to offer insights into the proposed closure of accredited laboratories and the discontinuation of private drinking water sampling analysis as this relates to potential implications for the health and well-being of the residents of Ontario, particularly in rural and remote areas.

ASPPIO recognizes the importance of efficient and effective public health services in ensuring the well-being of all residents in the province. That being stated, we believe that the loss of these services may disproportionately impact vulnerable populations who rely on accessible and reliable water testing services to ensure the safety of their drinking water.

Approximately 1.5 million people living in rural or remote areas in Ontario are not served by municipal drinking water systems; instead, they rely on private drinking water wells (1). Given that these private wells are the predominant drinking water source in rural and remote areas, which lack the regulatory oversight of large municipal and non-municipal supplies, there is inherent vulnerability to contamination risks including but not limited to; failing onsite sewage systems, incompatible land uses, flooding, and extreme rainfall events (2).



Association of Supervisors of Public Health Inspectors (Inc. 1982)

Re: Comments on the Public Health Ontario Laboratories Modernization Plan

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March 5, 2024

Individuals consuming water from private wells have been found to be at approximately 5.2 times greater risk for enteric illness compared to those served by municipal supplies (3). Therefore, facilitating routine private well water sampling is a critical public health approach for private well users. Any increase in the cost of, and reduction in access to, drinking water sampling services may inadvertently further increase inequities.

Rural and remote communities face unique challenges, including limited access to essential services. Closing accredited laboratories and discontinuing private drinking water sampling analysis may exacerbate these challenges, leading to losing vital health services and increasing health inequities for residents in these areas. The potential decrease in private drinking water sampling may result in increased risk of enteric illness with increases in health care demand and economic impacts.

The Walkerton tragedy, that resulted from drinking water contaminated with *E. coli* O157:H7, highlights the consequences of inadequate water safety measures. In the Walkerton Inquiry Report, Part 2, Justice O'Connor concluded that the privatization of laboratory testing of drinking water samples connected directly to the *E. coli* O157:H7 outbreak. The report also underscored the importance of robust water quality monitoring and regulatory oversight. The Inquiry's recommendations emphasized the necessity of stringent water testing protocols and the imperative need for proactive measures to safeguard public health. The proposed closure of accredited laboratories and the discontinuation of private drinking water sampling analysis, as outlined in the Public Health Ontario modernization plan, directly contradict the fundamental principles advocated by the Walkerton Inquiry.

Moreover, with respect to data collection and analysis, the closure of public health laboratories and the cessation of private drinking water analysis may lead to the depletion of important local data for Ontario's source water. The province of Ontario currently possesses an extensive database of results from private well water, crucial for data mining and analysis. The loss of these datasets could render any future trends inaccessible in the affected regions. We ask the Ontario Ministry of Health and Public Health Ontario to carefully consider the potential consequences of implementing the recommendations of the Public Health Ontario modernization plan as outlined in the Auditor General's report. Assessing the impact of public health services is crucial, especially in areas where alternative resources may be limited.



Association of Supervisors of Public Health Inspectors (Inc. 1982)

Re: Comments on the Public Health Ontario Laboratories Modernization Plan

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Furthermore, ASPHIO would like to express our willingness to actively participate in any consultation process that may be convened to discuss and implement the recommendations of the Public Health Ontario modernization plan or the Auditor General's report. We believe that collaborative efforts involving key stakeholders, such as ASPHIO, can contribute valuable insights and perspectives to ensure that any decisions made align to protect and promote public health across the province.

Thank you for your attention to this matter, and we look forward to the opportunity to contribute to the ongoing dialogue regarding the recommendations in the Ontario Auditor General's report. Please do not hesitate to contact us for further information or clarification.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stacey Laforest', is positioned above the printed name.

Stacey Laforest
ASPHIO Chair

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1. Latchmore T, Hynds P, Brown RS, Schuster-Wallace C, Dickson-Anderson S, McDermott K, et al. Analysis of a large spatiotemporal groundwater quality dataset, Ontario 2010–2017: Informing human health risk assessment and testing guidance for private drinking water wells. *Science of The Total Environment*. 2020 Jun;140382.
 2. Latchmore T, Hynds P, R. Stephen Brown, McDermott K, Majury A. Assessing the risk of acute gastrointestinal illness attributable to three enteric pathogens from contaminated private water wells in Ontario. *International Journal of Hygiene and Environmental Health*. 2023 Mar 1;248:114077–7.
 3. Ugas M, Pearl DL, Zentner S, Tschritter D, Briggs W, Manser D, et al. Examining the factors related to bacteriological testing of private wells in Southern Ontario. *Journal of Water and Health*. 2019 Sep 30;17(6):944–56.