



AGENDA
LAMBTON COUNTY COUNCIL

Wednesday, April 5, 2023 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 February 1, 2023, pursuant to s. 239 (2)(d) of the *Municipal Act, 2001*.
- b) to receive a report and provide instructions regarding the potential acquisition of property in the City of Sarnia, pursuant to ss. 239(2)(c) 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

a) Brian Eves, President, Lambton Federation of Agriculture and Crispin Colvin, Vice President, Ontario Federation of Agriculture and Karen McLean, Member Services Representative, Federation of Agriculture would like to speak to County Council regarding potential Official Plan changes that would allow removal of agricultural lands from food production purposes in Lambton County either through expansion of settlement areas or any other reason. They will also like to comment on suggestions of removing the development charges exemption from agricultural building permits.

10 - 11

b) James Oatway, Climate Action Sarnia Lambton would like to speak to County Council regarding City of Sarnia's Official Plan specifically in regards to Bright's Grove land use. At this time, CASL would like to bring Council's attention to the several areas of concern regarding the much enlarged area proposed for the development in Bright's Grove.

c) Shirley Roebuck, Co-Chair Sarnia Lambton Health Coalition would like to speak to Council regarding Healthcare in Sarnia-Lambton. Their belief is that solution lie not in the privatization of services, but upon the better funding and staffing of our public hospitals.

d) Carlie Douglas, Chair, Lambton Farm Safety Association would like to present to County Council some areas of improvement in Lambton County that would enhance safety for all residents and visitors in the region as well as offer awareness of programs that are ongoing across the County at various venues.

12 - 15

e) Tamara Batryn, representative of The Women of Ontario Say No would like to speak to County Council about the nature of Bill 5 and it's importance as well provide examples of incidents that are responsible for The Women of Ontario Say No to gain support needed to pass this bill.

9. Minutes of Council (Open Session)

16 - 29

a) Reading and adoption of the Lambton County Council (Open Session) minutes dated February 1, 2023.

30 - 37

b) Reading and Adoption of the County Council Budget Meeting minutes dated March 1, 2023.

10. CORRESPONDENCE

A) Correspondence to Receive and File

Recommendation

That the following correspondence items be received and filed:

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- a) **CC 04-02-23** A letter dated December 15, 2022 from Jasmin Ralph, Clerk, Lanark County regarding a motion passed to recognize the issues of violence in rural communities.

Motion #CC-2022-235

Moved by: R. Kidd Seconded by: B. Dowdall

Be it resolved that the Lanark County Council recognizes the issues of violence in rural communities as serious to health and wellness of local families; and

Be it further resolved that the Lanark County Council recognizes the rural Renfrew County Coroner's Inquest as important to all rural communities; and

Based on the statistics of 4815 crisis calls and service provision to 527 women and children in our local community, the Lanark County Council declares IPV (intimate partner violence)/VAW (violence against women) an epidemic as per recommendation #1 of the Renfrew County Coroner's jury recommendations; and

That this resolution be circulated to all municipalities in Ontario, local MPs and MPPs, the Association of Municipalities of Ontario, and the Ministry of the Attorney General, Ministry of Women's Social and Economic Opportunity, and the Federal Ministry of Women and Gender Equality.

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- b) **CC 04-15-23** Sarnia-Lambton Ontario Health Team Collaboration Council Highlights from a meeting dated March 21, 2023.

B) Correspondence from Member Municipalities

40 - 41

- a) **CC 04-01-23** A letter dated March 17, 2023 from Amy Burkhart, City Clerk, The Corporation of the City of Sarnia regarding the County of Lambton's Notice of Decision with respect to the new Sarnia Official Plan that was adopted on July 25, 2022. At its meeting held March 13, 2023, Sarnia City Council requested that Lambton County Council take a formal position on the County's decision to remove the Council directed settlement area boundary expansion that was included in the Plan adopted by Sarnia City Council:

Moved by Councillor Vandenberg, seconded by Councillor Dennis:

That Sarnia City Council direct staff to initiate the process requesting a CIHA Order for the directed Settlement Area 3 Boundary Expansion and that staff work with the proponents for separate CIHA applications for each landowner in Area 3 that pays an application fee and report back at the next council meeting.

Moved by Councillor Gillis, seconded by Councillor Dennis, and carried:

That Sarnia City Council table this matter pending a request to Lambton County Council to take a formal position on the County's decision to remove the Council directed settlement area boundary expansion that was included in the Plan adopted by Sarnia City Council.

42 - 43

- b) CC 04-03-23 A resolution from Mandi Pearson, Clerk, Town of Petrolia dated March 14, 2023 regarding a call to the Provincial Government to End Homelessness in Ontario which was passed by Council on February 27, 2023. The Town of Petrolia is seeking endorsement on the resolution below. See attached for full motion.

THEREFORE BE IT RESOLVED THAT Council of the Town of Petrolia calls on the Provincial Government to urgently:

- a. Acknowledge that homelessness in Ontario is a social, economic, and health crisis;**
- b. Commit to ending homelessness in Ontario;**
- c. Work with AMO and a broad range of community, health, Indigenous and economic partners to develop, resource, and implement an action plan to achieve this goal.**

AND FURTHER THAT a copy of this motion be sent to the Minister of Municipal Affairs and Housing; the Minister of Children, Community and Social Services; the Minister of Health; to the Association of Municipalities of Ontario; County of Lambton Social Services.

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- c) CC 04-14-23 A letter dated March 14, 2023 from Mandi Pearson, Clerk, Town of Petrolia regarding a resolution that was passed by the Town of Petrolia at its February 27, 2023 meeting to regarding future accuracy of the permanent register

of electors. The Town of Petrolia is seeking endorsement on the resolution below.

THAT the Council of the Town of Petrolia support the Township of Ashfield-ColborneWawanosh regarding Future Accuracy of the Permanent Register of Electors.

AND THAT the Council of the Town of Petrolia requests that the Province of Ontario, through Elections Ontario and the Chief Electoral Officer utilize any resources available to produce the highest quality Permanent Register of Electors;

AND FURTHER THAT this resolution be circulated to the Township of Ashfield-ColborneWawanosh, Minister of Municipal Affairs and Housing, Elections Ontario, MPP Lisa Thompson, MPP Bob Bailey and Ontario Municipal Councils for their support.

11. Board of Health (Lambton Public Health)

A) Correspondence to Receive and File

Recommendation

That the following correspondence items be received and filed:

- 45 - 50 a) CC 04-04-23 A letter from Trudy Sachowski, President, Association of Local Public Health Agencies, dated January 12, 2023, regarding the success of local public health campaigns in the past year to increase coverage against a range of vaccine preventable diseases.
- 51 - 54 b) CC 04-06-23 A letter from Trudy Sachowski, President, Association of Local Public Health Agencies, dated February 14, 2023, providing input on the financial requirements for a stable, locally based public health system as part of the provincial government's 2023 Pre-Budget consultation.
- 55 - 56 c) CC 04-07-23 A letter from Penny Sutcliffe, MOH and CEO, Public Health Sudbury & District, dated February 24, 2023, advising of the passing of a Resolution regarding funding for consumption and treatment services sites. Public Health Sudbury & District Board is urging the provincial government to immediately approve funding for Sudbury's Consumption and Treatment Services site.
- 57 - 58 d) CC 04-05-23 A letter from Stacy Wight, Board of Health Chair, Timiskaming Health Unit, dated February 8, 2023, advising of the passing of a motion supporting an amendment to the *Food*

- and Drug Act* to make it mandatory that all alcohol beverage containers have enhanced alcohol warning labels.
- 59 - 60 e) CC 04-08-23 A letter from Penny Sutcliffe, MOH and CEO, Public Health Sudbury & District, dated February 24, 2023, advising of the passing of a Resolution regarding community engagement to address food insecurity. Public Health Sudbury & District Board is calling on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels. The Board will be intensifying its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions.
- 61 f) CC 04-09-23 A letter from Fabio Costante, Chair, Windsor-Essex County Board of Health (WECHU) dated February 28, 2023, regarding physical literacy for healthy active children. WECHU Board of Health supports the letter from Sudbury & Districts Public Health to Directors of Education, Local School Board, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth.
- 62 - 66 g) CC 04-10-23 A letter from Rick Champagne, Chairperson, Board of Health, North Bay Parry Sound Health Unit dated March 3, 2023 regarding food insecurity in Ontario. The Board is urging the provincial government to take action against food insecurity in Ontario.
- 67 - 69 h) CC 04-11-23 A letter from Trudy Sachowski, President, Association of Local Public Health Agencies, dated March 9, 2023, to congratulate the Council of Ontario Medical Officers of Health's (CMOH) on the release of its 2022 Annual Report to the Legislative Assembly of Ontario, Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics and to reinforce the calls for investments in public health therein.
- 70 - 71 i) CC 04-12-23 A joint letter from Joe Preston, Chair, Board of Health and Cynthia St. John, Chief Executive Officer, Southwestern Public Health, dated March 24, 2023 expressing strong support for the Association of Local Public Health Agencies' 2023 Pre-Budget Submission (CC 04-06-23).
- 72 j) CC 04-13-23 A letter from Sylvia Jones, Deputy Premier and Minister of Health dated March 24, 2023 regarding Lambton's Public Health's one-time funding amounts for the 2021-22, 2022-23 and 2023-24 funding years to support the provision of public health programs and services in Lambton County.

B) Information Reports

- 73 - 80 a) Information Report dated April 5, 2023 Regarding Lambton Public Health 2021 Annual Report.
- 81 - 83 b) Information Report dated April 5, 2023 Regarding Electronic Medical Record Implementation Update.
- 84 - 88 c) Information Report dated April 5, 2023 Regarding Food Safety Program Update.
- 89 - 133 d) Information Report dated April 5, 2023 Regarding After Action Review of Lambton Public Health's COVID-19 Pandemic Response and Summary of Lessons Learned.
- 134 - 136 e) Information Report dated April 5, 2023 Regarding Vapour Product Use among Lambton County Youth.

C) Report Requiring a Motion

- 137 - 168 a) Report dated April 5, 2023 Regarding Lambton Drug and Alcohol Strategy - Next Steps for Implementation.

12. Information Reports

A) INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION

- 169 - 173 a) Information Report dated April 5, 2023 Regarding Sarnia Official Plan Reconsideration

13. Items Not Requiring a Motion

- 174 - 175 a) Sarnia-Lambton Economic Partnership Board minutes dated November 22, 2022
- 176 - 177 b) Sarnia-Lambton Economic Partnership Board minutes dated December 2, 2022

14. Reports Requiring a Motion

A) INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION

- 178 - 180 a) Report dated April 5, 2023 Regarding Approvals of Official Plans and Official Plan Amendments for Local Municipalities

B) CORPORATE SERVICES DIVISION

- 181 - 184 a) Report dated April 05, 2023 Regarding Source Protection Committee - Lambton County Municipal Nominee.

C) SOCIAL SERVICES DIVISION

- 185 - 189 a) Report dated April 5, 2023 Regarding Housing Supply Challenge.

D) OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

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190 - 191 a) Report dated April 5, 2023 Regarding Deputy Clerk Appointments.

15. Committee Minutes

192 - 197 a) Committee A.M. minutes (including Board of Health) dated February 15, 2023.

198 b) Special Joint Meeting of the Standing Committees dated February 15, 2023.

199 - 202 c) Committee P.M. minutes dated February 15, 2023.

16. Items Tabled from Previous Meetings

None at this time.

17. Notice of Motion

203 a) Councillor Loosley gave Notice of Motion dated March 1, 2023 for the April 5, 2023 Lambton County Council meeting regarding budget procedure changes. Councillor Loosely is seeking Council' consideration on the following motion:

WHEREAS annually, when receiving the proposed County of Lambton Budget, the documents provided do not include imperative information from the previous years, as we are not provided actual amounts on the Analysis on the Tax Base—Combined.

AND WHEREAS as members of County Council making important decisions of financial planning, without receiving the actuals from the previous year, it is difficult to understand the financial picture we are deciding on, as we are being asked to approve a proposed next year budget without comparing amounts to the actual expenses of the previous year.

NOW THEREFORE IT BE RESOLVED that beginning with the 2024 budget and forward, a line be included to show the actuals of the previous year. It would be recommended that this information be placed between the previous year budget amounts and the proposed year budget amount and anywhere else deemed necessary.

18. Other Business

19. Notice of By-Laws

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- a) #11 of 2023 A By-Law to Amend of By-Law #31 of 1998 to Regulate Parking on County Road 29.
- b) #12 of 2023 A By-Law to Delegate of Authority to Approve Applications for Official Plans and Official Plan Amendments of Local Municipalities.
- c) #13 of 2023 A By-Law to Appoint a Second Deputy Clerk for a Fixed Period of Time.
- d) #14 of 2023 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 5, 2023.

20. First and Second Reading of By-Laws

- a) #11 - #14 of 2023.

21. Third and Final Reading of By-Laws

- a) #11 - #14 of 2023.

22. ADJOURNMENT

Recommendation

That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Wednesday, May 3, 2023 with the In-Camera Session to commence at 9:00 a.m.

23. Notes

- a) The April Committee A.M. and P.M. meetings have been moved to Thursday, April 20th to accommodate those who will be attending the Good Roads Conference, as requested by Council.
- b) The April 20th Committee A.M. meeting will start at 8:30 a.m. at the Lambton Heritage Museum, instead of 9:00 a.m. to accommodate those who will be attending the St. Clair Region Conservation Authority meeting at 10:00 a.m.
- c) The April 20th Committee P.M. meeting will start at 1:00 p.m. at the Lambton Heritage Museum, instead of 11:00 a.m. to accommodate those who will be attending the St. Clair Region Conservation Authority meeting at 10:00 a.m.

24. O Canada!

Hello, good afternoon fellow community members, county counselors, and staff:

My name is Eliza Garrett - I grew up in Sarnia, and I'm a member of Climate Action Sarnia Lambton. I'm also a Bright's Grove resident, an educator, and I hold my Master's in Environmental & Sustainability Studies. I've taken the time to prepare Climate Action Sarnia Lambton's response to the proposed amendment to the New Official Plan for Sarnia regarding 530 acres in Bright's Grove.

Climate Action Sarnia Lambton is a large and diverse group of citizens. Our members list has representatives from our local workforce, retirees, students, community volunteers, and nature enthusiasts. Our goals are to advocate for:

- 1) Sustainable practices to address risks to our water, air, and land
- 2) Climate Change awareness
- 3) The need to act now and make transformative changes in our city

We wrote to city council members *previously* to express our full support of the initial draft Sarnia Official Plan, which we still support. However, at this time, CASL would like to draw attention to several areas of concern regarding the much-enlarged area proposed for development in Bright's Grove in Councilor Vandenberg's approved amendment.

Sarnia needs to become a sustainable city for all of its residents. This includes working towards building affordable housing; preserving and rewilding natural spaces for people, trees, plants, and wildlife to thrive; the development of new recreational and cultural facilities; taking steps towards clean and efficient transportation and a sharing of our resources with the larger region.

Councilor Vandenberg's amendment proposes 530 acres of land in Bright's Grove to be developed into housing. A residential development? Yes, on the surface, more housing would appear to address a need in our community.

- But is this an affordable, sustainable housing solution for our community? **No.**
- Does this amendment even match the expert consultant's growth projections for the city? **No.**
- Do the expert consultants the city hired to research and aid in developing the New Official Draft Plan for Sarnia believe such an amendment is in the best interests of the city? **No.**

An expansion of this magnitude in Bright's Grove has the potential to virtually double the population of the area, requiring significant expansion of utilities and infrastructure beyond present capabilities. With limited expansion for commercial activities and no designated areas for manufacturing or large-scale professional activities, there will be significantly increased traffic flow into Sarnia for both work and shopping activities. This amendment and the development of this huge section of land in Bright's Grove would increase urban sprawl, a highly problematic move in itself, which conflicts with the city's Climate Emergency Declaration and the desire to become a walking friendly city.

A glance at Ontario's current Grade 9 geography curriculum section on sustainable, growing, changing communities will remind you that for years "Scientists [and geographers] have argued that sprawling urban and suburban development patterns are creating negative impacts including habitat fragmentation, water and air pollution, increased infrastructure costs, inequality, and social homogeneity" (Ewing 1997; Squires 2002). See also: [The Characteristics, Causes, and Consequences of Sprawling Development Patterns in the United States | Learn Science at Scitable](#) & [Discourage urban sprawl - David Suzuki Foundation](#).

Development of a large residential area such as this suggested in Bright's Grove will require an east-west arterial road to connect the southern portion of both halves and an internal road network that crosses the creek many times and, of course, access from Lakeshore which will further encroach on the Nature Trail as seen on the portions of the trail at Huron House Boys' Home and the golf course.

Furthermore, the existing sewage capacity of the area can only support an additional 1000 homes. *Councilor Colquhoun's suggested amendment to the motion requires a variety of housing models as opposed to single family dwellings, which in theory, we are in agreement with to provide for affordable housing as defined by the province, but it is not a feasible solution to this particular development proposal.* Any form of increased housing on this acreage would create the need for additional sewage capacity and expanding this kind of infrastructure would be very problematic in this area.

When council considers the need for new roads, additional traffic on existing roads, additional sewage lagoons, the requirement for new and expanded infrastructure and the overall impact to the environment for this development in Bright's Grove, the costs and negative consequences outweigh the benefits as is evidenced by the city's own Official Plan consultants who recommended against developing this area, deeming it unnecessary. We recommend putting the amendment on hold for at least 5 years and then re-evaluating the question.

While we acknowledge that the city's future development entails many complex issues and generates diverse opinions, we anchor our arguments here in our concern and vision for our city, in science, in sustainable urban planning studies, and in the knowledge and experience of the consultants which is apparent in the original draft Official Plan. It is our hope that the recommendations of experts and community stakeholders, with **the best interests of the city as a whole** in mind, will be valued over the personal business interests and short-sighted views of those invested in local real-estate development schemes.

Respectfully submitted,

Climate Action Sarnia-Lambton



**Supporting Bill 5, Stopping Harassment
and Abuse by Local Leaders Act.
It's needed.**

#THEWOMENOFONTARIOSAYNO

ONTARIO PRIVATE MEMBERS BILL 5

Multiple Ontario municipalities have learned the hard way in the last few years about the lack of tools in the *Municipal Act* for holding councillors accountable for workplace harassment.

Currently, the most severe penalty that can be imposed on a municipal councillor is the suspension of pay for 90 days. There is no process for removing councillors from office.



ONTARIO PRIVATE MEMBERS BILL 5

Bill 5 seeks to address this. The Bill amends the *Municipal Act, 2001* and the *City of Toronto Act, 2006*.

The Stopping Harassment and Abuse by Local Leaders Act will permit municipalities to direct the Integrity Commissioner to apply to the court to vacate a member's seat for failing to comply with the municipality's workplace violence or harassment policies.



ONTARIO PRIVATE MEMBERS BILL 5

This helps keep workplaces safe. It's accountability, through a transparent and fair process that should exist but doesn't.

Our Ask Today:

For council to pass a motion to endorse Bill 5 and write a letter of support to be sent to local MPPs, Premier Doug Ford, the Minister of Municipal Affairs and Housing, the Association of Municipalities of Ontario and Liberal MPP for Orléans, Stephen Blais.



**MINUTES
LAMBTON COUNTY COUNCIL**

February 1, 2023

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. The following members attended virtually: T. Case. Also present was J. Field, Alternate Member to Councillor B. Loosley, Town of Petrolia.

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: None.

In-Camera

#1: Broad/Boushy: That the Warden declare that County Council go in-camera to discuss the following:

- a) to review the Committee A.M. (Closed Session) minutes dated January 18, 2023, pursuant to s. 239 (2)(b) and (d) of the *Municipal Act, 2001*.
- b) to review the Committee P.M. (Closed Session) minutes dated January 18, 2023, pursuant to s. 239(c), (i), and (k) of the *Municipal Act, 2001*.

Carried.

Time: 9.03 a.m.

Councillor Bradley and Councillor McRoberts joined the meeting at 9:25 a.m.

Open Session

The Warden declared that County Council go back into Open Session. Council then reconvened at 9:30 a.m.

Rise and Report Motions of the In-Camera Session

The Clerk noted that County Council met in camera to: (a) adopt the Committee A.M. (Closed Session) Minutes dated January 18, 2023; and (b) adopt the Committee P.M. (Closed Session) Minutes dated January 18, 2023.

Delegations

#2: Dennis/Boushy: That we invite the delegations within the Bar to speak to County Council.

Carried.

Bluewater Health Helipad Project

Laurie Zimmer, Vice-President of Clinical Services, Bluewater Health, Kathy Alexander, Executive Director, Bluewater Health Foundation, and Jack Vanderveen, Director, Facilities & Support Services, Bluewater Health presented to County Council to provide an update on the Bluewater Health Helipad Project.

Sustainable Building of Affordable Housing and Small Homes

John Loerchner, CEO, Wildscape Co./Cabinspace presented to County Council to provide an overview of Sustainable Building of Affordable Housing and Small Homes.

Enbridge Battery Energy Storage in St. Clair Township

Denise Heckbert, Sr. Advisor, Strategy & Market Policy, Power, Enbridge Inc, and Sumesh Gupta, Technical Manager, Self-Power & Energy Storage, Power, Enbridge Inc presented to County Council to seek a letter of support for the Enbridge Battery Energy Storage in St. Clair Township.

#3: Dennis/Broad: That County Council provide a letter of support for the Enbridge Battery Energy Storage in St. Clair Township and adopt the resolution provided in their report as set out below, and that staff be authorized to issue letters to the IESO and Enbridge confirming such support.

WHEREAS

1. Lambton County is interested in participating actively in the broader transition to low-carbon energy and capturing the economic benefits of new clean energy technology investments.
2. The Proponent is proposing to construct and operate three Long-Term Reliability Projects, as defined and with the characteristics outlined in the three tables below, under the Expedited Long-Term Request for Proposals ("E-LT1 RFP") issued by the Independent Electricity System Operator ("IESO").

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Name of the Long-Term Reliability Project	Tecumseh Farm Battery Energy Storage
Proponent	Enbridge Inc. (or its subsidiaries and special purpose vehicles)
Technology of the Long-Term Reliability Project	Battery Energy Storage
Maximum Contract Capacity of the Long-Term Reliability Project	200 MW
Legal description of the portion of the Project Site that is located on lands subject to the authority of one or more Municipalities	(the "Municipal Lands") PIN 43303-0094 Legal: N 1/2 LT 18 CON 5 MOORE S/T MO29077; S/T MO28611; ST. CLAIR And: PIN 43303-0095 Legal: S ½ LT 18 CON 5 MOORE EXCEPT PP941 & L207689; S/T L277075, L442581, L839825; ST. CLAIR

Name of the Long-Term Reliability Project	Petrolia Battery Energy Storage
Proponent	Enbridge Inc. (or its subsidiaries and special purpose vehicles)
Technology of the Long-Term Reliability Project	Battery Energy Storage
Maximum Contract Capacity of the Long-	200 MW

Term Reliability Project	
Legal description of the portion of the Project Site that is located on lands subject to the authority of one or more Municipalities	(the "Municipal Lands") PIN 43295-0090 Legal: PT LT 19 CON 10 MOORE AS IN L857285; S/T L141127, L188986, L201642; ST. CLAIR

Name of the Long-Term Reliability Project	Dow Moore Battery Energy Storage
Proponent	Enbridge Inc. (or its subsidiaries and special purpose vehicles)
Technology of the Long-Term Reliability Project	Battery Energy Storage
Maximum Contract Capacity of the Long-Term Reliability Project	200 MW
Legal description of the portion of the Project Site that is located on lands subject to the authority of one or more Municipalities	(the "Municipal Lands") PIN 43289-0076 Legal: PT LT 21 CON 12 MOORE BEING PARTS 1 TO 48 INCLUSIVE AND 52 TO 55 INCLUSIVE, PLAN 25R9722; S/T EASEMENT IN GROSS OVER PART 2 OF PLAN 25R9722 AS IN MO31311, S/T EASEMENT IN GROSS OVER PART 2 OF PLAN 25R9722 AS IN L93517, S/T EASEMENT IN GROSS OVER PART 2 OF PLAN 25R9722 AS IN L93518, S/T EASEMENT IN GROSS OVER PART 2 OF PLAN 25R9722 AS IN L93519, S/T EASEMENT IN GROSS OVER PART 2 OF PLAN 25R9722 AS IN L93520, S/T EASEMENT IN GROSS OVER PARTS 10, 19, 21, 26, 29, 36 AND 43 OF PLAN 25R9722 AS IN L458042, S/T EASEMENT IN GROSS OVER PARTS 47, 53 AND 54 OF PLAN 25R9722 AS IN L463302, S/T EASEMENT IN GROSS

	OVER PART 49 OF PLAN 25R9722 AS IN L637191, S/T EASEMENT IN GROSS OVER PARTS 38 AND 39 OF PLAN 25R9722 AS IN L745914, S/T EASEMENT IN GROSS OVER PARTS 5, 16 TO 22 INCLUSIVE, 27, 28 AND 37 OF PLAN 25R9722 AS IN L870741, ST. CLAIR
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3. Pursuant to the E-LT1 RFP, Proposals that receive formal support of the local jurisdictional authorities of all the project communities in which the Long-Term Reliability Project is located in the form of a support resolution will be awarded Rated Criteria points for the purpose of ranking the Proposal in relation to all other Proposals for a contract under the E-LT1 RFP; and
4. The council of Lambton County supports the development, construction, and operation of the above Long-Term Reliability Projects on the Municipal Lands.
5. This resolution's sole purpose is to enable the Proponent to receive Rated Criteria points under E-LT1 RFP or to satisfy its obligations under any awarded E-LT1 Contract and may not be used for the purpose of any other form of approval in relation to the Proposal or Long-Term Reliability Project or for any other purpose. Rated Criteria points will be used to rank the Proponent's Proposal in relation to other Proposals received by the IESO under the ELT-1 RFP.

Carried.

Sarnia-Lambton Economic Partnership (SLEP) – Update on Activities and Plans

Paula Reaume-Zimmer, Chair, Sarnia-Lambton Economic Partnership (SLEP), introduced Dan Taylor, Chief Executive Officer, SLEP, who spoke to County Council and provided an update regarding SLEP's activities and plans. Matthew Slotwinski, Senior Economic Development Officer, SLEP, was also in attendance on behalf of SLEP providing support in answering any questions.

Minutes of Council (Open Session)

The Lambton County Council (Open Session) Special Meeting minutes January 18, 2023 were presented.

#4: Cook/Agar: That the Lambton County Council (Open Session) Special Meeting minutes dated January 18, 2023 be accepted as presented.

Carried.

Annual General Meeting of The County of Lambton Community Development Corporation

February 1, 2023

The Annual General Meeting of The County of Lambton Community Development Corporation (CLCDC) was held in the Council Chambers and was called to order at 10:31 a.m. on the above date.

#5: Bradley/Broad: That Warden Marriott be appointed as Chair of the meeting.
Carried.

Introduction of Board Members

The Chair of the Board commenced by introducing its members to the Board and the Staff Advisory Committee who were present for the Annual General Meeting as follows: Board members Kevin Marriott, Mike Bradley, and Brian White; and staff members, Larry Palarchio, and Stéphane Thiffeault; and Dr. Katherine Albion, Executive Director. Other members who were not present were also introduced as follows: Rob Kardas, Vice-Chair of the Board, and Directors Alison Ewart, David Muir, Tom Strifler, and Miriam Capretz.

Approval of the Agenda

#6: Boushy/Atkinson: That the agenda for the Annual General Meeting of The County of Lambton Community Development Corporation be approved as presented.
Carried.

Declarations of Pecuniary Interest

None.

Presentation of Financial Statements

Larry Palarchio, General Manager, Finance, Facilities and Court Services provided an update on the Financial Statements for the Year Ended April 30, 2022.

#7: Atkinson/White: That The County of Lambton Community Development Corporation Financial Statements for the Year Ended April 30, 2022 be approved.
Carried.

Lambton County Council (Open Session) February 1, 2023 (page 7)

Update from Executive Director

#8: Hand/Miller: That we invite Katherine Albion within the Bar to speak to County Council.

Carried.

Dr. Katherine Albion, Executive Director, provided an update to members regarding activities at the Western Sarnia-Lambton Research Park.

Confirmation of Officers and Directors

#9: Broad/Ferguson: That the following positions be confirmed for the Board:

- a. Mike Bradley (Chair)
- b. Rob Kardas (Vice Chair)
- c. Kevin Marriott (Director)
- d. Brian White (Director)
- e. David Muir (Director)
- f. Tom Strifler (Director)
- g. Miriam Capretz (Director)
- h. Alison Ewart (Director)
- i. Stéphane Thiffeault (Secretary)
- j. Larry Palarchio (Treasurer)

Carried.

Appointment of Auditors for 2023

#10: Cook/Agar: That BDO Canada LLP - Sarnia be appointed as auditors to The County of Lambton Community Development Corporation for 2023.

Carried.

Adjournment

#11: Sageman/Veen: That the Chair declare the Annual General Meeting of The County of Lambton Community Development Corporation be adjourned.

Carried.

Time : 10:46 a.m.

Regular Session

The Warden declared that County Council go back into Regular Session at 10:46 a.m.

Lambton County Council (Open Session) February 1, 2023 (page 8)

Correspondence to Receive and File

CC 02-03-23 An email from Jodi Akins, Council Clerk Secretary, City of Stratford, on behalf of Tatiana Dafoe, Clerk, City of Stratford, dated November 28, 2022 regarding a resolution that was passed by the City of Stratford at its November 14, 2022 Council meeting to request the federal government for funding and support for VIA Rail services. The City of Stratford is seeking endorsement on the resolution.

CC 02-04-23 A letter from Steven Jelich, Director, Southwest Region Operations, Enbridge Gas Inc. dated December 13, 2022 regarding Enbridge's congratulations to Warden Marriott and Lambton County Council on its recent election. Mr. Jelich is looking forward to continue working with County Council.

CC 02-10-23 A letter from Denise Heckbert, Strategy & Market Policy, Power, Enbridge Inc. dated January 16, 2023 regarding a Public Meeting for a proposal to build three battery power storage projects in St. Clair Township.

#12: Bradley/Agar:

- a) That correspondence CC 02-03-23, CC 02-04-23, and CC-02-10-23 be received and filed.
- b) That County Council endorse the resolution in correspondence CC 02-03-23 with an addition thereto that the "South Western Ontario" region be also specifically identified as an area where the Government of Canada is asked to adequately fund and fully support VIA Rail Canada in increasing the frequency, reliability and speed of VIA rail service in 2022 and successive years.

Carried.

Correspondence from Member Municipalities

#13: Broad/White: That County Council endorse the resolution in correspondence CC 02-01-23 as follows:

CC 02-01-23 An email from Amanda Gubbels, CAO/Clerk, Township of Warwick, dated November 16, 2022 seeking County Council's support on a resolution passed by the Township of Warwick at its October 17, 2022 Council meeting regarding CN Railway Contribution Requirements under the *Drainage Act* and Impacts on Municipal Drain Infrastructure in Ontario.

NOW THEREFORE the Council of the Township of Warwick hereby declares as follows:

THAT Ontario's Drainage Act is an important piece of legislation used to meet the drainage needs of a variety of stakeholders, including agricultural businesses and

Lambton County Council (Open Session) February 1, 2023 (page 9)

ultimately food production, thereby supporting families, neighbours, and thriving communities;

AND THAT CN Rail be called upon to act as a partner to municipalities and agriculture in Ontario and reconsider its position that the Drainage Act does not apply to it as a public entity;

AND THAT CN Rail contribute to all municipal drains in Ontario, as per section 26 of the Drainage Act, and work to expedite its response timelines to the fifty-five projects currently on hold in Ontario so that the projects impacting the agriculture sector can proceed and be dealt with in a timely manner after years of delay caused directly by CN Rail;

AND THAT a copy of this resolution be circulated to Minister of Agriculture Food and Rural Affairs Lisa Thompson, local MPP Monte McNaughton, Minister of Agriculture and Agri-Food Marie-Claude Bibeau, CN Manager Public Affairs, Ontario & Atlantic Canada Daniel Salvatore, the President and CEO of CN Rail Tracy Robinson, Director of Government Relations Railway Association of Canada Gregory Kolz and to all municipalities in Ontario for their support.

Carried.

#14: Cook/Dennis: That County Council endorse the resolution in correspondence CC 02-02-23 as follows:

CC 02-02-23 An email from Roberta Brandon, Administrative Assistant to the Clerk, The Municipality of Lambton Shores, on behalf of Stephen McAuley, Chief Administrative Officer, The Municipality of Lambton Shores, dated November 22, 2022 regarding Proposed Legislation Bill 23 - *More Homes Built Faster Act, 2022*.

THAT staff draft a letter to the province outlining Lambton Shores' concerns with Bill 23 and circulate to AMO and all Ontario municipalities.

Carried.

#15: White/Field: That County Council endorse the resolution in correspondence CC 02-11-23 as follows:

CC 02-11-23 A letter from Mandi Pearson, Clerk/Operations Clerk, Town of Petrolia, dated January 25, 2023 regarding a resolution that was passed by the Council of the Town of Petrolia at its December 12, 2022 Council meeting to request that school boards become responsible for conducting their own trustee elections or at minimum municipalities be compensated by the school boards for overseeing such trustee elections.

THEREFORE BE IT RESOLVED THAT the Council of the Corporation of the Town of Petrolia request that staff forward this motion to the Hon. Steven Leece, Minister of Education, MPP Bob Bailey, Ontario Municipal Councils and the County of Lambton

Lambton County Council (Open Session) February 1, 2023 (page 10)

requesting that school boards become responsible for conducting their own trustee elections or at minimum municipalities be compensated by the school boards for overseeing such trustee elections.

Carried.

Information Report

FINANCE, FACILITIES AND COURT SERVICES DIVISION

Information Report dated February 1, 2023 Regarding Court Services 3rd Quarter 2022 Statistics and Activities

#16: Miller/White: That Information Report dated February 1, 2023 Regarding Court Services 3rd Quarter 2022 Statistics and Activities be received and filed.

Carried.

Items Not Requiring a Motion

#17: Hand/Atkinson: That the following items for Council's information be received and filed:

- a) Lambton Creative County Committee Minutes dated September 29, 2022.
 - b) Sarnia-Lambton Economic Partnership Board minutes dated September 27, 2022.
- Carried.

Committee Minutes

Mr. S. Veen presented the Committee A.M. minutes (including Board of Health) dated January 18, 2023.

#18: Veen/Broad: That the Committee A.M. minutes (including Board of Health) dated January 18, 2023 be accepted as presented.

Carried.

Mr. D. Ferguson presented the Committee P.M. minutes dated January 18, 2023.

#19: Ferguson/Sageman: That the Committee P.M. minutes dated January 18, 2023 be accepted as presented.

Carried.

Lambton County Council (Open Session) February 1, 2023 (page 11)

Items Tabled from Previous Meetings

Structure of the Lambton County Board of Health

#20: Bradley/White: That motion #8 of Lambton County Council (Open Session) Minutes dated September 1, 2021 regarding the structure of Lambton County Board of Health be lifted from the table.

Carried.

#21: Bradley/Dennis: That County Council move part a) of the motion (reproduced below).

- a) That all Board of Health matters be dealt with by the entire Board of Health rather than through the County's Committee system.

Carried.

#22: Bradley/Broad: That part b) of the motion (reproduced below) be tabled until the Province announces its modernization plan for public health.

- b) That the Board of Health also include members of the public with different professional backgrounds.

Carried.

Waste-to-Energy Pre feasibility Study and Waste Management Master Plan

#23: Bradley/Cook: That tabled motion #11 of Lambton County Council (Open Session) minutes dated July 6, 2022 regarding Waste-to-Energy pre feasibility study and tabled motion #4 of Lambton County Council (Open Session) minutes dated October 5, 2022 regarding Waste Management Master Plan be lifted from the table.

Carried.

#24: Bradley/Broad: That the following items lifted from the table pursuant to motion #23 of today's minutes be received and filed:

- a) tabled motion #11 of Lambton County Council (Open Session) minutes dated July 6, 2022 regarding Waste-to-Energy pre feasibility study which reads as follows:

That Lambton County Council request staff to move ahead with the Waste-to-Energy (WtE) pre-feasibility study as soon as possible using a 'single source bid' from the Waste-to-Energy Research and Technology (WtERT) Leaders (as attached), for a very cost-effective price of \$50,000.

- b) tabled motion #4 of Lambton County Council (Open Session) minutes dated October 5, 2022 regarding Waste Management Master Plan which reads as follows:

That Information Report dated September 7, 2022 regarding Waste Management Master Plan Update be received and filed.

Carried.

2023 Capital Grant Requests

#25: Bradley/Hand: That tabled motion #4 of the Committee P.M. minutes dated October 19, 2022 regarding the proposed moratorium on the 2023 Capital Grant Requests be lifted from the table.

Carried.

#26: Bradley/Miller: That tabled motion #4 of the Committee P.M. minutes dated October 19, 2022 regarding the proposed moratorium on the 2023 Capital Grant Requests (reproduced below) be received and filed.:

That County Council authorize staff to continue its moratorium on any new capital grants for the 2023 County budget so that new capital grants not be accepted, processed and/or approved for the County's 2023 budget year.

Carried.

Notice of Motion

Local Municipality Official Plan Amendments

#27: Bradley/Dennis:

- a) That if requested by the local municipality seeking an amendment to its official plan, that that municipality's proposed official plan amendment(s) be brought forward to Council for consideration and decision.
- b) That staff bring forward a draft by-law amending By-Law # 38 of 2002 to give effect to the direction set out in paragraph a) above.

A recorded vote starting with Councillor Agar was requested by Councillor Bradley on motion #27 of this day's minutes.

Councillor	Vote
J. Agar	No (3)
G. Atkinson	No (3)
D. Boushy	Yes (3)

Councillor	Vote
M. Bradley	Yes (3)
A. Broad	Yes (1)
T. Case	Yes (2)
D. Cook	No (3)
B. Dennis	Yes (3)
D. Ferguson	Yes (1)
B. Hand	Yes (1)
J. Field (Alternate)	No (2)
K. Marriott	No (1)
C. McRoberts	Yes (3)
S. Miller	No (2)
D. Sageman	No (2)
I. Veen	No (1)
B. White	Yes (3)

Yeas - 20; Nays - 17.

Motion Carried.

Traffic Light at The Intersection on County Road 4 (Petrolia Line) and County Road 31 (Kimball Road)

#28: Agar/Field: That staff be instructed to engineer and install traffic light signals, controlling traffic in all directions, at the intersection of Petrolia Line and Kimball Road, and that such work be completed in 2023.

Tabled.

#29: Agar/Bradley: That motion #28 of this day's minutes be tabled to the March 1, 2023 Budget meeting to be dealt with in conjunction with tabled motion #5 of Lambton County Council (Open Session) Budget minutes dated March 3, 2021 regarding a request for roundabout work at County Road 4 (Petrolia Line) and County Road 31 (Kimball Road).

Carried.

By-Laws

#30: Sageman/Atkinson: That By-Law #4 to #8 of 2023, as circulated, be taken as read a first and second time.

Carried.

#31: Atkinson/Sageman: That By-Law #4 to #8 of 2022, as circulated, be taken as read a third time and finally passed.

Carried.

Lambton County Council (Open Session) February 1, 2023 (page 14)

Adjournment

#32: Broad/SageMan: That the Warden declare the meeting adjourned and that the next regular meeting and Budget Deliberations of County Council be held on Wednesday, March 1, 2023.

Carried.

Time: 11:37 a.m.

Kevin Marriott
Warden

Stéphane Thiffault
County Clerk

MINUTES
LAMBTON COUNTY COUNCIL

March 1, 2023

Lambton County Council was in session at 9:00 a.m. on the above date. Warden in the Chair; Roll called; All members present.

Disclosures of Pecuniary Interest:

Councillor Hand declared a conflict of interest on Motion #4 of the Budget deliberations in regards to the discussions and possible giving of a financial grant to Bluewater Health, as Councillor Hand is a Board Member.

Correspondence

Correspondence from Member Municipalities

CC 03-01-23 An email from Mandi Pearson, Clerk for the Town of Petrolia dated February 14, 2023 regarding a resolution that was passed by the Council of the Town of Petrolia. The following resolution was carried:

Moved: Bill Clark

Seconded: Ross O'Hara

THAT the Council of the Town of Petrolia request that the County of Lambton review and consider increase of the annual Policing grant provided to municipalities which has remained unchanged at \$17,069.00 for many years.

Carried.

#1: Loosley/Dennis: That correspondence CC 03-01-23 be referred to administration for a report back to County Council before the 2024 Budget deliberations.

Carried.

2023 Budget Deliberations

Lambton County Council went into the 2023 Budget Session.

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

Lambton County Council (Open Session) - March 1, 2023 (page 2)

Council commenced the 2023 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 1, 2023, specifically motions number (1-7) therein.

Notice of Motions

Councillor Loosley gave Notice of Motion dated March 1, 2023 regarding the inclusion of actuals in the budget presentation. Councillor Loosley is seeking Council's consideration at the April 5, 2023 Lambton County Council meeting on the following motion:

WHEREAS annually, when receiving the proposed County of Lambton Budget, the documents provided do not include imperative information from the previous years, as we are not provided actual amounts on the Analysis on the Tax Base- Combined and total comparison.

AND WHEREAS as members of County Council making important decisions of financial planning, without receiving the actuals from the previous year, it is difficult to understand the financial picture we are deciding on, as we are being asked to approve a proposed next year budget without comparing amounts to the actual expenses of the previous year.

NOW THEREFORE IT BE RESOLVED that beginning with the 2024 budget and forward, a line be included to show the actuals of the previous year. It would be recommended that this information be placed between the previous year budget amounts and the proposed year budget amount and anywhere else deemed necessary.

By-Laws

#2: Boushy/Atkinson: That By-Laws #9 and #10 of 2023, as circulated and amended as applicable, be taken as read a first and second time.

Carried.

#3: Boushy/Atkinson: That By-Laws #9 and #10 of 2023, as circulated and amended as applicable, be taken as read a third time and finally passed.

Carried.

Adjournment

#4: Broad/Veen: That the Warden declare the meeting adjourned with the next regular meeting of County Council to be held on Wednesday, April 5, 2023 with the In-Camera session to commence at 9:00 a.m.

Carried.

Lambton County Council (Open Session) - March 1, 2023 (page 3)

Time: 10:23 a.m.

Kevin Marriott
Warden

Olivia Léger
Solicitor/Clerk

2023 BUDGET MINUTES

County Council

Budget Minutes for:

March-01-23

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
1	Broad, Alan Agar, Jeff	County Council Lift motion #5 from Budget minutes dated March 3, 2021 and motion #28 of Lambton County Council minutes dated February 1, 2023.	Operating: Non-TCA: TCA:				A		
2	Agar, Jeff Boushy, Dave	PW - Roads That staff be instructed to engineer and install traffic light signals, controlling traffic in all directions, at the intersection of Petrolia Line and Kimball Road, and that such work be completed in 2023. This motion was withdrawn.	Operating: Non-TCA: TCA:	700,000	700,000	0.824			
3	Agar, Jeff Broad, Alan	PW - Roads That \$100,000 be added to the 2023 budget for staff to complete an environmental assessment and preliminary design study for the intersection at Petrolia Line and Kimball Road, and that staff report back to Council in 2023 with the results of such study for Council's review and consideration.	Operating: Non-TCA: TCA:	100,000	100,000	0.118	A		

2023 BUDGET MINUTES

County Council

Budget Minutes for: March-01-23

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
4	Loosley, Brad Dennis, Bill	County Grants That \$105,000 be given to Bluewater Health to match the monies given to Strathroy Middlesex General Hospital Foundation, and that the County Policy be so amended. A recorded vote, starting with Councillor Bradley, was requested by Councillor Broad.	Operating: Non-TCA: TCA:	105,000	105,000	0.124	D	14	22

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	(Pl)	
Loosley, Brad	2	
Marriott, Kevin		1
McRoberts, Chrissy		3
Miller, Steve		2
Sageman, Dan		2
Veen, Ian		1
White, Brian		3

2023 BUDGET MINUTES

County Council

Budget Minutes for:

March-01-23

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
5	Bradley, Mike White, Brian	Alix Art Gallery That staff report back to County Council prior to 2024 regarding the hours of operation and participation levels for the Judith & Norman Alix Art Gallery and include any cost implications associated with changing such hours of operation.	Operating: Non-TCA: TCA:				A		

2023 BUDGET MINUTES

County Council

Budget Minutes for: March-01-23

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
6	Loosley, Brad Dennis, Bill	County Council That staff be directed to reduce the contribution to reserves from \$15.9 million to \$15 million at the discretion of administration for the 2023 Budget to be reduced to 3%. A recorded vote, starting with Councillor McRoberts, was requested by Councillor Loosley.	Operating: Non-TCA: TCA:	-900,000	-900,000	-1.059	D	15	22

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

2023 BUDGET MINUTES

County Council

Budget Minutes for: March-01-23

Motion	Mover / Seconder	Department / Motion	Budget Type	Budget Change			Result	Votes	
				Gross (\$)	Tax (\$)	Levy (%)		Yes	No
7	Broad, Alan Ferguson, David	County Council That the 2023 budget be approved as amended with the addition of \$100,000 to the Public Works-Roads department for the study at the intersection of Petrolia Line and Kimball Road. A recorded vote, starting with Councillor Agar, was requested by Councillor Bradley.	Operating: Non-TCA: TCA:				A	22	15

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	



All Ontario Municipalities

December 15, 2022

To Whom it May Concern:

On Wednesday December 14th, 2022 Lanark County Council passed the following motion:

MOTION #CC-2022-235

MOVED BY: R. Kidd **SECONDED BY:** B. Dowdall

Be it resolved that the Lanark County Council recognizes the issues of violence in rural communities as serious to the health and wellness of local families; and

Be it further resolved that the Lanark County Council recognizes the rural Renfrew County Coroner's Inquest as important to all rural communities; and

Based on the statistics of 4815 crisis calls and service provision to 527 women and children in our local community, the Lanark County Council declares IPV (intimate partner violence)/VAW (violence against women) an epidemic as per recommendation #1 of the Renfrew County Coroner's jury recommendations; and

That this resolution be circulated to all municipalities in Ontario, local MPs and MPPs, the Association of Municipalities of Ontario, and the Ministry of the Attorney General, Ministry of Women's Social and Economic Opportunity, and the Federal Ministry of Women and Gender Equality.

Further background on the Renfrew Inquest Recommendations can be found at this link: https://lukesplace.ca/wp-content/uploads/2022/06/CKW-Inquest-Verdict-Recommendations-SIGNED_Redacted.pdf

Thank you,

A handwritten signature in blue ink, appearing to read "Jasmin", with a horizontal line extending to the right.

Jasmin Ralph, Clerk

Cc: Association of Municipalities of Ontario, Scott Reid, MP, John Jordan, MPP, Ministries of the Attorney General, Justice, Women's Social and Economic Opportunity, and the Federal Ministry of Women's Issues.

99 Christie Lake Road, Perth, Ontario K7H 3C6
Tel: 1-888-9-LANARK or (613) 267-4200 Fax: (613) 267-2964 www.lanarkcounty.ca



CC 04-15-23

Not About Me, Without Me

Collaboration Council Highlights

Meeting Date: March 21, 2023

Age-Friendly Sarnia-Lambton

An Age-Friendly Sarnia-Lambton Expo will take place on June 14, 2023 at the Pat Stapleton arena. The interactive event will feature up to 100 organizations offering information and demonstrations.

EDII Training – Diversity ED

An online 2SLGBTQA+ Foundations course, and four in-person education sessions (Trans, Non-binary & Questioning Youth and Adults, 2SLGBTQA+ Care & Programming, 2 Spirited Persons Care, Elder Care for the 2SLGBTQA+ Community) were held over the first two weeks in March. Overwhelming positive feedback has been received from the 120 participants across multiple OHT organizations. Courses will be held again, in September, as part of our ongoing strategy to support EDII initiatives across the OHT.

Diversity ED is moving, and will open their new location on June 1, 2023. The intent in the move is to reestablish a 2SLGBTQA+ Hub, offering counselling and Outreach services to the 2SLGBTQA+ community.

Primary and Specialist Care Advisory Committee (PSCAC)

A focus for this year will be expanding team based care across our primary care providers with increased collaboration and partnership between Family Health Teams (FHT's), Community Health Centres (CHC's), Nurse Practitioner and First Nations health centres. A sub-committee led by FHT and CHC leaders are taking the lead on this initiative.

Health Human Resources

Through the shared leadership role with Bluewater Health (BWH) and Lambton Elderly Outreach (LEO), the two organizations were able to identify an opportunity to integrate finance services between them, which will streamline work, create efficiencies, decrease redundancies and improve the experience of staff and clients.

This integration follows the innovative and collaborative partnership model between Transform Shared Services and 5 OHT's (Sarnia-Lambton, Middlesex London, Elgin, Chatham-Kent and Windsor-Essex) with the introduction of a shared Digital Health Strategist. These are examples of organizations - under the OHT umbrella - looking for and leveraging new and innovative approaches to providing integrated care in our community.

*Stay up to date with our latest news and events.
Sign up to receive our e-Newsletter by emailing info@sarnialambtonoht.ca.*

sarnialambtonoht.ca

CC 04-01-23



**THE CORPORATION OF THE CITY OF SARNIA
City Clerk's Department**

255 Christina Street N. PO Box 3018
Sarnia ON Canada N7T 7N2
519-332-0330 (phone) 519-332-3995 (fax)
519-332-2664 (TTY)
www.sarnia.ca clerks@sarnia.ca

March 17, 2023

Stéphane Thiffeault
Chief Administrative Officer
The Corporation of the County of Lambton
789 Broadway Street Box 3000
Wyoming, Ontario N0N 1T0
stephane.thiffeault@county-lambton.on.ca

Dear Mr. Thiffeault:

On July 25, 2022, Sarnia City Council adopted a New Sarnia Official Plan (the Plan).

The Plan was provided to The County of Lambton as the approval authority on August 9, 2022, in accordance with the Planning Act.

On December 9, 2022, the County of Lambton issued a Notice of Decision with respect to the Plan, approving the Plan subject to a series of modifications.

On December 28, 2022, the County of Lambton issued a revised Notice of Decision with respect to the Plan, approving the Plan subject to a series of modifications.

The City has appealed the decision.

At its meeting held on March 13, 2023, Sarnia City Council considered various options and next steps regarding the appeal.

Sarnia City Council has respectfully requested that Lambton County Council take a formal position on the County's decision to remove the Council directed settlement area boundary expansion that was included in the Plan adopted by Sarnia City Council.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Burkhart'.

Amy Burkhart
City Clerk

Attach: Excerpt from Minutes of March 13, 2023

Excerpt from Minutes of March 13, 2023

Moved by Councillor Vandenberg, seconded by Councillor Dennis

That Sarnia City Council direct staff to initiate the process requesting a CIHA Order for the directed Settlement Area 3 Boundary Expansion and that staff work with the proponents for separate CIHA applications for each landowner in Area 3 that pays an application fee and report back at the next council meeting.

Moved by Councillor Gillis, seconded by Councillor Dennis, and **carried:**

That Sarnia City Council table this matter pending a request to Lambton County Council to take a formal position on the County's decision to remove the Council directed settlement area boundary expansion that was included in the Plan adopted by Sarnia City Council.

CC 04-03-23

March 14, 2023

The Honourable Doug Ford
Premier of Ontario
Via email: premier@ontario.ca

RE: A Call to the Provincial government to End Homelessness in Ontario

Dear Premier Ford,

During the February 27, 2023 regular meeting of council, the AMO request calling on the province to calling on the province to end homelessness was brought forward and discussed, the following resolution was carried:

Moved: Chad Hyatt Seconded: Debb Pitel

WHEREAS the homeless crisis is taking a devastating toll on families and communities, undermining a healthy and prosperous Ontario;
WHEREAS the homelessness crisis is the result of the underinvestment and poor policy choices of successive provincial governments;
WHEREAS homelessness requires a range of housing, social service and health solutions from government;
WHEREAS homelessness is felt most at the level of local government and the residents that they serve;
WHEREAS municipalities and District Social Administration Boards are doing their part, but do not have the resources, capacity or tools to address this complex challenge; and,
WHEREAS leadership and urgent action is needed from the provincial government on an emergency basis to develop, resource, and implement a comprehensive plan to prevent, reduce and ultimately end homelessness in Ontario.

THEREFORE BE IT RESOLVED THAT Council of the Town of Petrolia calls on the Provincial Government to urgently:

- a. Acknowledge that homelessness in Ontario is a social, economic, and health crisis;
- b. Commit to ending homelessness in Ontario;
- c. Work with AMO and a broad range of community, health, Indigenous and economic partners to develop, resource, and implement an action plan to achieve this goal.

AND FURTHER THAT a copy of this motion be sent to the Minister of Municipal Affairs and Housing; the Minister of Children, Community and Social Services; the Minister of Health; to the Association of Municipalities of Ontario; County of Lambton Social Services.

Carried

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

411 Greenfield Street, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca



Kind regards,

Original Signed

Mandi Pearson
Clerk/Operations Clerk

cc: file
Minister of Municipal Affairs and Housing minister.mah@ontario.ca
Minister of Children, Community and Social Services MinisterMCCSS@ontario.ca
Minister of Health sylvia.jones@ontario.ca
MPP Bob Bailey, Sarnia-Lambton bob.bailey@pc.ola.org
County of Lambton Social Services melissa.fitzpatrick@county-lambton.on.ca
Municipalities of Ontario

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

411 Greenfield Street, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca



CC 04-04-23

March 14, 2023

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
Via email: minister.mah@ontario.ca

RE: Future Accuracy of the Permanent Register of Electors

Dear Minister Clark,

During the February 27, 2023 regular meeting of council, the resolution received from the Township of Ashfield-Colborne-Wawanosh was brought forward and discussed, the following resolution was carried:

Moved: Bill Clark Seconded: Ross O'Hara

THAT the Council of the Town of Petrolia support the Township of Ashfield-Colborne-Wawanosh regarding Future Accuracy of the Permanent Register of Electors.
AND THAT the Council of the Town of Petrolia requests that the Province of Ontario, through Elections Ontario and the Chief Electoral Officer utilize any resources available to produce the highest quality Permanent Register of Electors;
AND FURTHER THAT this resolution be circulated to the Township of Ashfield-Colborne-Wawanosh, Minister of Municipal Affairs and Housing, Elections Ontario, MPP Lisa Thompson, MPP Bob Bailey and Ontario Municipal Councils for their support.

Carried

Thank you for circulating this item for County of Lambton Council consideration.

Kind regards,

Original Signed

Mandi Pearson
Clerk/Operations Clerk

cc: file
Township of Ashfield-Colborne-Wawanosh clerk@acwtownship.ca
Elections Ontario info@elections.on.ca
MPP Lisa Thompson, lisa.thompsonco@pc.ola.org
MPP Bob Bailey, Sarnia-Lambton bob.baileyco@pc.ola.org
Municipalities of Ontario

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

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www.town.petrolia.on.ca





**Association of Local
PUBLIC HEALTH
Agencies**

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

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Ontario Association of Public Health Dentistry

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Ontario Dietitians in Public Health

www.alphaweb.org

BOH 04-04-23

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E-mail: info@alphaweb.org

January 12, 2023

Dear Partners in Public Health,

Re. Public Health Matters – Public Health Fall Vaccine Success

The Association of Local Public Health Agencies (alPHa) is pleased to provide you with our new [Public Health Matters infographic](#), that highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. This edition focuses on the success of local public health campaigns in the past year to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations.

These campaigns to increase vaccine protection among all Ontarians entailed extraordinary efforts by the public health leadership in all 34 of our local public health units throughout the year, from continuing the massive operation to get COVID-19 shots into arms to this fall's Universal Influenza Immunization Program (UIIP) and student immunization and catch-up programs.

Through data-driven activities, amplified messaging, integrated services and community outreach, local public health played a key role in promoting, increasing access to, and delivering these critical protections against disease throughout the province.

We hope you find this resource useful, and we look forward to continuing to work with decision makers and community partners alike to foster a strong, sustainable, resilient, and locally based public health system in Ontario. As Ontario's front-line and pre-eminent public health experts, our members look forward to opportunities to share this expertise and we look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Respectfully,

Trudy Sachowski
President

Providing Leadership in Public Health Management

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

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PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS



1,100+

Fixed site clinics*



2,000+

Mobile clinics*



700+

Influenza clinics



1,000+

Student
Immunization and
catch-up clinics



400+

Mpox
clinics



3,000+

Homebound
vaccinations

* co-administration of multiple vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



3,300+

Social
media posts



4,500,000+

Social media
engagement and
impressions



700+

Media releases,
responses, and
interviews



Population
Health
Assessment



Health
Equity



Effective Public
Health Practice



Emergency
Management



Chronic Disease
Prevention and
Well-Being



Food
Safety



Healthy
Environments

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PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023



ACCESS INCREASED

- Local public health unit leaders partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, and services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health unit leaders worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.



DATA-DRIVEN ACTIVITIES

- Staff in Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.



INTEGRATED SERVICES AND COMMUNITY OUTREACH

- Local public health integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, and COVID-19, flu and routine immunizations.
- Local public health partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.



AMPLIFIED MESSAGES

- Local public health employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.



Population
Health
Assessment



Health
Equity



Effective Public
Health Practice



Emergency
Management



Chronic Disease
Prevention and
Well-Being



Food
Safety



Healthy
Environments

Providing Leadership in
Public Health Management



PUBLIC HEALTH MATTERS

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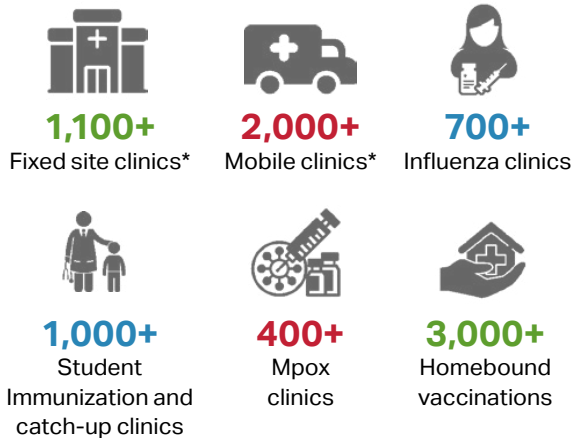
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* co-administration of multiple vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



3,300+
Social media posts



4,500,000+
Social media engagement and impressions



700+
Media releases, responses, and interviews



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments

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PUBLIC HEALTH MATTERS

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BOH 04-06-23

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February 14, 2023

The Honourable Peter Bethlenfalvy, MPP
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

Re: 2023 Pre-Budget Submission: Public Health Programs and Services

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation.

We were pleased that the 2022 Speech from the Throne included commitments to actively engage with health-system partners to identify and implement actionable solutions to help ease pressures on the health care system, which, as you know, have been considerable as a trio of respiratory diseases surged in recent months.

Many of those solutions are inherent in what Ontario's public health professionals do every day and should thus be a major focus for the meaningful investments that you have pledged to contribute to a stronger, more resilient health system and prioritize the health of the population.

Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, done in collaboration with a wide range of partners both within and outside of the health care system, results in a healthier population and in so doing conserves costly and increasingly scarce health care resources.

Indeed, your commitment of \$47 million through 2023 to public health units in addition to the increased provincial investments to support the public health sector's response to COVID-19 was a welcome demonstration of your support for public health stability, and we hope that this has set the stage for more permanent solutions.

alPHa published a detailed report in 2022 ([Public Health Resilience in Ontario](#)), the purpose of which is to demonstrate the need for additional investments in public health that will be required for ongoing pandemic response, clearing the backlog of public health services, and resuming routine activities mandated under the Ontario Public Health Standards. alPHa continues to stand strongly behind this document and its principles.

As we emerged further from the crisis phase of the COVID-19 response in the late spring of last year and the notion of returning to routine programming became more concrete, our leadership agreed that a more specific assessment of our members' local public health units' base budget requirements in the coming years would be advisable.

Providing Leadership in Public Health Management

To this end, alPHa conducted a detailed survey of all 34 local public health units (June 2022) to assess the funding needs for the delivery of these programs and services, including specific base budgets and one-time funding allocations, for the 2023 year. Most of the questions focused on quantifying the gaps between amounts requested in Ontario health units' Annual Service Plans and amounts granted per the Ministry funding letters. In addition, we canvassed our members last month and invited them to share their own input to the pre-budget consultation to identify common priorities for amplification.

Key Findings

1. Overall, the current funding envelope for PHUs in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the COVID-19 response, and the backlog of programs and services that has built up over nearly three full calendar years.
2. Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 will require an estimated \$132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.
3. Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 will require an estimated \$12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.
4. There is an overreliance on mitigation and one-time funding to underwrite ongoing and predictable costs. It creates unnecessary uncertainty in the budget planning process and carries significant enough financial risk that it can result in the curtailment of important services. The absence of sufficient, predictable, and timely funding of public health through multi-year budgets and a consistent funding formula is a long-standing issue that can and should be easily resolved.
5. Changing the funding formula for public health will result in no net savings for the Ontario taxpayer but cause a disproportionate hardship for Ontario's municipalities. The provincial government has already recognized this by providing mitigation funding to offset this burden, so we reiterate our call to immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province.
6. COVID-19 has become society's third leading cause of death after cancer and heart disease, so it is reasonable to assume that related public health efforts such as vaccination and outbreak control will become routine. Language in the public health mandate (i.e., the Ontario Public Health Standards) and permanent funding to sustain these efforts will be required.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the 2018-19 Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was

\$1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

To illustrate this, aPHa's latest infographic, [Public Health Matters – Public Health Fall Vaccine Success](#), which builds upon the first, [Public Health Matters infographic \(A Public Health Primer\)](#), focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations. This is just one small example of how public health work can have an immediate impact within the broader health care system.

The Ontario Medical Association has identified strengthening of Public Health as one of its key pillars in its [Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care](#), which includes a recommendation to provide "a clear, adequate and predictable funding formula for local public health."

The Association of Municipalities of Ontario, in its August 26 submission entitled [Strengthening Public Health in Ontario: Now and for the Future](#), has also made a clear call to reinforce public health resources, including continuing funding to cover COVID-19 response costs, new funding to address the backlog of routine public health services, and a legislated reversion to the 75%-25% cost-sharing arrangement between the Province and the municipalities. It also calls for an assessment of what is required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level, and a strategy to address its own health human resource challenges.

As noted in more detail in our [Public Health Resilience in Ontario](#) paper (January 2022), none of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required for the COVID-19 response. Service backlogs specifically related to children's health are a major concern, with oral health screening in schools effectively ceased, Healthy Babies Healthy Children activities severely curtailed and a significant backlog of required childhood immunizations built up.

In addition to these, mental health promotion, substance use and harm reduction, and health equity considerations were brought into sharp relief through the pandemic, and the OPHS requirements related to these are expected to become priorities for public health action for the foreseeable future. We are aware that many of our members, including individual boards of health and Affiliate organizations will be making their own submissions to this consultation that cover these and other public health priorities at the operational level. We strongly urge you to take these into equal consideration.

Ontario's unique, locally based public health system is designed to create healthy individuals and communities, which are in turn fundamental to a strong, vibrant, and economically prosperous Ontario. Investment in upstream, preventive local public health is therefore essential to achieving the goals articulated in the August Speech from the Throne. In those words, we are a key health system partner that is well positioned to identify urgent, actionable solutions to ease immediate pressures. Our fundamental purpose of keeping people healthy is also essential to a strong economy, as a strong economy is not possible without healthy people.

We certainly appreciate that the unprecedented spending throughout the pandemic has created fiscal challenges in Ontario that will require prudent economic management in the months and years to come. We acknowledge that this will require an incremental approach to meeting resource requirements

across sectors, and we are prepared to assist in setting priorities and sharing ideas for a longer-term plan to ensure that we are all well positioned to meet our shared objectives.

We look forward to working with you and would like to request an opportunity to meet with you and your staff to provide further details on our survey findings and discuss options to ensure a sustainable and resilient public health system. To arrange a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,



Trudy Sachowski,
President

Copy: Hon. Sylvia Jones, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

BOH 04-07-23



February 24, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Provincial Funding for Consumption and Treatment Services

At its meeting on February 16, 2023, the Board of Health carried the following resolution #11-23:

WHEREAS as recognized by motion [14-21](#), Sudbury and districts continue to experience an opioid crisis with the second highest opioid-related death rate in Ontario; and

WHEREAS the Ontario Public Health Standards require boards of health to collaborate with health and social service partners to develop programs and services to reduce the burdens associated with substance use; and

WHEREAS evidence shows that supervised consumption sites, as a harm reduction strategy, reduce overdose deaths, increase access to treatment and other health and social services, reduce transmission of infectious diseases, including HIV and Hepatitis C, reduce public injection of drugs, and reduce publicly discarded hazardous syringes; and

WHEREAS the provincial application for approval and funding for Sudbury's Consumption and Treatment Services was submitted in August 2021 and the application remains under review; and

WHEREAS Réseau Access Network received the required federal exemption and has been operating Sudbury's supervised consumption services site since September 2022 with temporary operating funds provided by the City of Greater Sudbury; and

WHEREAS there is uncertainty about the future of supervised consumption services in Sudbury given the temporary nature of current municipal funding and the outstanding provincial application;

Healthier communities for all.
Des communautés plus saines pour tous.

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f: 705.522.5182

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Sudbury East / Sudbury-Est

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phsd.ca



Letter to Premier of Ontario
Re: Provincial Funding for Consumption and Treatment Services
February 24, 2023
Page 2

THEREFORE BE IT RESOLVED THAT the Board of Health reaffirm motion [14-21](#), sounding the alarm on the local and regional opioid crisis – a crisis that has continued to intensify since 2021; and

THAT the Board of Health urge the provincial government to immediately approve funding for the Sudbury supervised consumption services site, operating as a Consumption and Treatment Services site under the Ontario model; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, local municipal leadership, the Chief Medical Officer of Health, and boards of health.

The worsening drug poisoning crisis in our community requires concerted efforts on behalf of many partners. The Board of Health for Public Health Sudbury & Districts is looking to the provincial government as one of these key partners.

In addition to the primary goal of saving lives, Consumption and Treatment Services decrease health care pressures by reducing emergency services and hospital utilization and decreasing the transmission of infectious diseases such as HIV and Hepatitis C. They also facilitate referral to treatment for substance use and early treatment for other health concerns. Consumption and Treatment Services are an investment into the health of those that use the services and the health of our health care system.

The Board urges the provincial government to immediately approve and fund Sudbury's Consumption and Treatment Services site.

Thank you for your urgent and positive consideration of this request.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier, Minister of Health
Honourable Michael Tibollo, Associate Minister, Mental Health and Addictions
Honourable Jean-Yves Duclos, Minister of Health of Canada
Honourable Carolyn Bennett, Associate Minister, Mental Health and Addictions
Honourable Gwen Boniface, Order of Ontario, Senator
Viviane Lapointe, Member of Parliament, Sudbury
France G  linas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Marc G. Serr  , Member of Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Paul Lefebvre, Mayor, City of Greater Sudbury
All Ontario Boards of Health

BOH 04-05-23



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Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

February 8, 2023

Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Trudeau:

Re: Letter re: Alcohol Health Warning Labels

On January 25, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board received a [Briefing Note 'Mandatory Labels on Alcohol Containers](#) and passed the following motion:

Motion (#6R-2023) was passed which included the following:

BE IT RESOLVED that the Board of Health resolve to Call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT, the THU Board of Health endorse, in principle, Bill S254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages) and Motion M-61 A National Warning Label Strategy for Alcoholic Products.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

- Hon. Jean-Yves Duclos, Minister of Health
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Dr. Kieran Moore, CMOH

- Chair of the *Council of Chief Medical Officers of Health*
- Hon. Anthony Rota, MP Nipissing Timiskaming
- Hon. Charlie Angus, MP Timmins-James Bay
- Hon. Patrick Brazeau, Senator, Independent
- Hon. Lisa Marie Barron, MP Nanaimo-Ladysmith
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Ontario Boards of Health
- Canadian Public Health Association
- Timiskaming Drug and Alcohol Strategy

BOH 04-08-23



February 24, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Community Engagement to Address Food Insecurity

At its meeting on February 16, 2023, the Board of Health carried the following resolution #08-23:

BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, in recognition of the root causes of food insecurity, call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

THAT the Board of Health reaffirm its support for the Association of Local Public Health Agencies (ALPHA) resolutions [A18-02](#) (Minimum Wage that is a Living Wage) and [A15-04](#) (Basic Income Guarantee); and

THAT the Board of Health intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts Board share this motion with area partners, Ontario boards of health, ALPHA, and the relevant provincial government ministers.

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Letter to Premier Ford
Re: Community Engagement to Address Food Insecurity
February 24, 2023
Page 2

The health consequences of food insecurity have serious adverse effects on people's physical and mental health and the ability to lead productive lives. Ontarians living with food insecurity are at greater risk for numerous chronic conditions including mental health disorders, non-communicable diseases (e.g., diabetes, hypertension and cardiovascular disease), and infections.¹ People who have chronic conditions and are food insecure are more likely to have negative disease outcomes, be hospitalized, or die prematurely.²

The health consequences of food insecurity are a significant burden on our province's healthcare and social service system. Adults in food insecure households are more likely to be admitted to acute care; they also may stay in hospital for a longer period and are more likely to be readmitted.³ Income-based policies that effectively reduce food insecurity offset considerable public expenditures on healthcare and social services in Ontario by reducing demands on these services and reducing costs.

Thank you for your attention to this important issue – the solutions for which will not only help many Ontarians in need but also protect the sustainability of our critical health and social services resources.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Merrilee Fullerton, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities

¹ 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 15 February 2023 from <https://proof.utoronto.ca/>.

² 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 16 February 2023 from <https://proof.utoronto.ca/>.

³ Tarasuk V. Implications of a basic income guarantee for household food insecurity. Northern Policy Institute – Research Paper No. 24. Retrieved 16 February 2023 from: <https://proof.utoronto.ca/wp-content/uploads/2017/06/Paper-Tarasuk-BIG-EN-17.06.13-1712.pdf>



BOH 04-09-23

519-258-2146 | wechu.org |    

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

February 28, 2023

sylvia.jones@ontario.ca

The Honourable Sylvia Jones
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones:

Letter of Support – Physical Literacy for Healthy Active Children

On February 16, 2023 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following motion was passed:

Motion: That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth.

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Fabio Costante, Chair
Windsor-Essex County Board of Health

c: Kenneth Blanchette, CEO, WECHU
Windsor-Essex County Directors of Education
Loretta Ryan, Executive Director, alPHA
Ontario Boards of Health
Lisa Gretzky, MPP Windsor-West
Andrew Dowie, MPP Windsor-Tecumseh
Anthony Leardi, MPP Essex
Trevor Jones, MPP Chatham-Kent



CC 04-10-23

March 3, 2023

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queens Park
Toronto, ON M7A 1A1

The Honourable Sylvia Jones
Minister of Health / Deputy Premier
777 Bay Street, College Park, 5th Floor
Toronto, ON M7A 2J3

The Honourable Merrilee Fullerton
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Premier Ford, Minister Jones, and Minister Fullerton:

RE: Food Insecurity in Ontario

On behalf of the Board of Health (Board) and staff of the North Bay Parry Sound District Health Unit (Health Unit), we are expressing our concerns about the high rates of food insecurity in Ontario. Most recent estimates show that one in six households experience food insecurity, and one in five children live in a food insecure household. This is not acceptable. The magnitude of the problem, paired with the severe health consequences associated with experiencing food insecurity, make this an important and pressing public health issue that requires attention from all levels of government.

Food insecurity means a household has inadequate or insecure access to food due to financial constraints. Not being able to afford food has profound adverse effects on people's [physical and mental health](#), and their ability to lead productive lives. The health consequences of food insecurity are also a large burden on our healthcare system.

As per the Ontario Public Health Standards, health units are required to monitor food affordability. We recently released our local [2022 Cost of Eating Well report](#), which draws attention to the inadequacy of current social assistance rates. It highlights that households with social assistance as their main income do not have enough money for the costs of living, including food. An excerpt from the [report](#) is included as [Appendix A](#). It is important to note the scenarios presented include very modest estimates of both food costs and rent. Local data from the Canadian Mortgage and Housing Corporation is used for rent estimates which may or may not include utilities. Food costs are based on the [Nutritious Food Basket](#) (NFB). Grocery stores are surveyed locally to determine the cost of the NFB, which provides an estimate of the cost of following Canada's Food Guide. Examining food costs and rent rates alongside household income scenarios determines if food is affordable. For those receiving social assistance, it is clear they do not have enough money for the costs of living.

.../2

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To: Premier Ford, Minister S. Jones, Minister M. Fullerton
Page 2 of 5
Date: March 3, 2023

As record high food inflation rates persist, there is no doubt the financial situation is increasingly dire for these households. While the Ontario Disability Support Program (ODSP) was increased by 5% in 2022 and will be indexed to inflation going forward, the current rates are not based on the costs of living. Further, Ontario Works (OW) has not been increased since 2018 and is not indexed to inflation.

Last week, our Board passed a series of motions demonstrating collective support from Health Unit staff, leadership, and Board members, to call on the province for income-based policy action to reduce food insecurity. The complete list of resolutions and motions are attached as Appendix B. To summarize, our Board is urging the Province of Ontario to:

- Legislate targets for the reduction of food insecurity as part of the Ontario Poverty Reduction Strategy.
- Increase social assistance rates to reflect the costs of living, and to index Ontario Works rates to inflation going forward.
- Resume investigating the feasibility of creating a guaranteed living wage (basic income) in the Province of Ontario.

Income is an important social determinant of health (SDOH) that greatly impacts other SDOHs, including food security. Income support programs are recognized globally as important and effective population health interventions, meaning they can impact the health of the whole population. Ensuring low-income households have enough money to meet their basic needs is essential for health.

Food insecurity in Canada is a persistent and highly prevalent problem that has not improved since systematic monitoring began in 2005. Our Health Unit has been vocal in the past about the importance of adequate income to reduce food insecurity. Most recently, we called on the federal government to consider the importance of a [basic income program for all](#) in light of COVID-19 pandemic response benefits, and we called on the province to establish a [Social Assistance Research Commission](#) to advise on strengthening social assistance in Ontario. We will continue to monitor food affordability and follow the evidence on this issue, as health units are required to 'assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective strategies that decrease health inequities.'

The Province of Ontario holds the power to reduce food insecurity and extreme poverty among households receiving social assistance. From a public health perspective, our Board urges you to take action. Please consider the motions our Board passed on this important issue and thank you for reviewing this information.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Rick Champagne".

Rick Champagne
Chairperson, Board of Health

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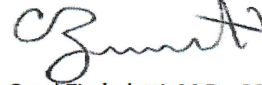
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To: Premier Ford, Minister S. Jones, Minister M. Fullerton
Page 3 of 5
Date: March 3, 2023



James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer



Carol Zimbalatti, M.D., CCFP, MPH
Associate Medical Officer of Health

/sb

Enclosures (2) – Appendix A and B

Copy to:

Vic Fedeli, MPP, Nipissing
Graydon Smith, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Hon. Anthony Rota, MP, Nipissing-Timiskaming
Hon. Scott Aitchison, MP, Parry Sound-Muskoka
Hon. Marc Serre, MP, Nickel Belt
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Health Unit Member Municipalities

References:

Tarasuk V, Li T, Fafard St-Germain AA. *Household food insecurity in Canada, 2021*. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2022. Retrieved from: <https://proof.utoronto.ca/>
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Ministry of Health. *Ontario Public Health Standards: Requirements for programs, services and accountability*. 2021. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
World Health Organization. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: WHO. 2008. Retrieved from: <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1>

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To: Premier Ford, Minister S. Jones, Minister M. Fullerton
 Page 4 of 5
 Date: March 3, 2023

Appendix A



Single man receiving Ontario Works

This person does not have enough money to cover rent and food in a month, or their other costs of living. Current social assistance rates in Ontario are not based on the real costs of living. There are few income supports in place for working aged adults without children, leaving them in extreme poverty should they be unemployed.

**Income is based on OW basic allowance and maximum shelter allowance, GST/HST credit, Ontario Trillium Benefit, and the Ontario Climate Action Incentive Payment.*

=====	
Monthly income:*	\$876
Rent (bachelor apartment):	\$650
Food:	\$404
=====	
	-\$178



Single woman with 2 kids receiving Ontario Works

It is highly unlikely that the \$688 remaining after paying for rent and food will be enough to cover this family's monthly expenses. Parents in Canada are eligible for the Canada/Ontario Child Benefit (CCB), which provides a seemingly significant amount of money monthly for low-income households. Yet, 1 in 5 children in Ontario live in a food insecure household, suggesting the CCB does not provide enough money to protect against food insecurity.

**Income is based on Ontario Works basic allowance for one recipient and two dependents and maximum shelter allowance for a family size of three, Canada and Ontario Child Benefit, GST/HST credit, Ontario Trillium Benefit, and the Climate Action Incentive Payment.*

=====	
Monthly income:*	\$2548
Rent (2 bedroom apartment):	\$1032
Food:	\$828
=====	
	\$688

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To: Premier Ford, Minister S. Jones, Minister M. Fullerton
Page 5 of 5
Date: March 3, 2023

Appendix B

Board of Health Motion: #BOH/2023/02/04 – February 22, 2023

Moved by: Marianne Stickland

Seconded by: Jamie McGarvey

Whereas, the Ontario Public Health Standards require public health units to monitor food affordability, as well as assess and report on the health of local populations, describing the existence and impact of health inequities;

Whereas, it is well documented that food insecurity has a detrimental impact on physical and mental health;

Whereas, adequate income is an important social determinant of health that greatly impacts food security;

Whereas, 67% of households in Ontario with social assistance as their main source of income experience food insecurity;

Whereas, the 2022 Nutritious Food Basket Survey results show that households reliant on social assistance do not have enough money for the costs of living, including food;

Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of staff and community stakeholders to raise awareness about, and work to reduce, health inequities, including food insecurity; and

Furthermore Be It Resolved, That the Board of Health call on the Province of Ontario to legislate targets for the reduction of food insecurity as part of the Ontario Poverty Reduction Strategy; and

Furthermore Be It Resolved, That the Board of Health call on the Province of Ontario to increase social assistance rates to reflect the costs of living, and to index Ontario Works rates to inflation going forward; and

Furthermore Be It Resolved, That the Board of Health urge the province to resume investigating the feasibility of creating a guaranteed living wage (basic income) in the Province of Ontario; and

Furthermore Be It Resolved, That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Graydon Smith, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Merrilee Fullerton (Minister of Children, Community and Social Services), the Honourable Sylvia Jones (Minister of Health) and the Association of Local Public Health Agencies (ALPHA), MP Anthony Rota, MP Scott Aitchison, MP Marc Serre, the Association of Municipalities of Ontario (AMO), and the Federation of Canadian Municipalities (FCM).

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alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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BOH 04-11-23

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March 9, 2023

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: CMOH Annual Report 2022

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to congratulate the Chief Medical Officer of Health (CMOH) for the release of his 2022 Annual Report to the Legislative Assembly of Ontario, *Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics* and to reinforce the calls for investments in public health therein.

We could not agree more with the central theme of learning from the experiences of the past three years to put an end to the “boom and bust” cycle of funding and ensure sustained investment in preparedness. While the CMOH Report frames preparedness squarely in the context of future pandemics and outbreaks, we would observe that “preparedness” includes all aspects of the population-wide, upstream, prevention-focused approach to protecting and promoting health.

As you are aware, Ontario’s locally-based public health agencies are subject to a detailed mandate under the Health Protection and Promotion Act (HPPA) and the Ontario Public Health Standards (OPHS) to support and protect the physical and mental health and well-being, resiliency and social connectedness of the population, through the core public health functions of assessment and surveillance; health promotion and policy development; health protection & disease prevention; and emergency management.

It is indeed illustrative that when the coronavirus began to sweep through Ontario in early 2020, our local public health agencies were able to pivot so quickly and completely to the last of these functions, doing exactly what they were designed and mandated to do in a public health emergency. Through case/contact management; data analysis; implementation and enforcement of public health measures; provision of advice to the public, community partners and decision makers; and leadership of outbreak control and vaccination campaigns; local public health agencies were the true “front line” of the pandemic response. As such, we are uniquely positioned to articulate lessons learned and provide specific advice on where investments in preparedness should be directed.

In this report, the CMOH identifies three interrelated domains for sustained investment, namely, “Sector and System Readiness”, “Community Readiness”, and “Societal Readiness”. Local public health has foundational roles in each, and several priorities directly related to its activities are identified, including:

Providing Leadership in Public Health Management

- Leadership in Infection prevention and control (IPAC) strategies and response.
- Leadership in vaccination promotion and delivery strategies.
- Forging collaborative partnerships with communities that face health inequities.
- Collecting sociodemographic data to address health inequities.
- Building social trust and engage society in conversations.
- Increasing health literacy through communication of credible, trusted, and transparent information, while countering misinformation.

None of these priorities is unique to pandemic preparedness, but rather foundational to many, if not all, of the health promotion and protection endeavours undertaken by Ontario's unique network of locally based public health agencies. Investing in this system is therefore by definition investing in preparedness.

Now that the acute phase of the response is in the past, our members are pivoting back to the routine OPHS-mandated programs and services that promote and protect health in every community every day. This work is often done in collaboration with local partners as well as the broader health sector, and results in a healthier population that in turn is the foundation of a stronger economy and key to the preservation of scarce health care resources.

As the CMOH critically observes, "It is more efficient and more effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared: more illness and death, mental health problems, social disruption, and economic losses". This observation is as true for each of the population health-based activities our members are responsible for as it is for pandemic preparedness alone.

We hope you will take our perspectives on the CMOH Annual Report into careful consideration, and we look forward to collaborating to create a stronger, healthier, and more prepared Ontario.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alpha, at loretta@alphaweb.org or 647-325-9594.

Sincerely,



Trudy Sachowski,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHA represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

BOH 04-12-23



St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

March 24, 2023

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building North, 7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Delivered via email
peter.bethlenfalvy@pc.ola.org

Dear Minister Bethlenfalvy,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we are writing to express our strong support for the Association of Local Public Health Agencies' (ALPHA) 2023 Pre-Budget Submission. We believe that ALPHA's pre-budget submission outlines what is needed with respect to public health investments that are crucial for the health and well-being of communities across Ontario.

The COVID-19 pandemic has highlighted the importance of investing in public health infrastructure, and ALPHA's recommendations within its *Public Health Resilience in Ontario* report, are a critical step in ensuring that Ontario is prepared for future public health emergencies. The *Report* well articulates the need for investments in public health that are required for ongoing pandemic response, tackling public health's extensive backlog not unlike the health care system's 'surgical backlog', and restarting extensive programs and services provincially mandated under the Ontario Public Health Standards.

The Ontario Government invested in public health during the most extraordinary emergency response of our lifetime by ensuring we were well-resourced to keep Ontarians safe. For that, we are most appreciative. Our work before the pandemic and after involves the very same principles applied during the pandemic. Protection, promotion, and prevention are the pillars of public health work to ensure every Ontarian has the best opportunity for a healthy life. The return on your government's public health investment lessens the burden on the health care system tomorrow, next month, next year, and for years to come. Local public health agencies working in collaboration with dozens of partners, are keen to tackle what needs to be done especially after this unprecedented pandemic and the lingering unintended consequences we are left with. To do our best work, we need adequate and sustaining funding to ensure our communities are healthy and economically vibrant.

In conclusion, we strongly support ALPHA's 2023 Pre-Budget Submission. Please give this pre-budget submission serious consideration.

Sincerely,

A handwritten signature in blue ink that reads 'Joe Preston'.

Joe Preston
Chair, Board of Health
Southwestern Public Health

A handwritten signature in blue ink that reads 'Cynthia St. John'.

Cynthia St. John
Chief Executive Officer
Southwestern Public Health

www.swpublichealth.ca

c: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario and Minister of Health
Ernie Hardeman, MPP Oxford County
Rob Flack, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
Sandra Datars-Bere, CAO, City of St. Thomas
Ben Addley, CAO, Oxford County
Julie Gonyou, CAO, County of Elgin

BOH 04-13-23

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Bureau du vice-premier ministre
et du ministre de la Santé

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March 24, 2023

eApprove-72-2023-471

Warden Kevin Marriott
Chair, Board of Health
Lambton Health Unit
789 Broadway Street
Wyoming ON N0N 1T0

Dear Warden Marriott:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Lambton Health Unit up to \$33,900 in one-time funding for the 2021-22 funding year, up to \$406,175 in one-time funding for the 2022-23 funding year, and up to \$456,825 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

Dr. Kieran Moore, Chief Medical Officer of Health (CMOH) and Assistant Deputy Minister, will write to the Lambton Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read "Sylvia Jones". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Sylvia Jones
Deputy Premier and Minister of Health

c: Andrew Taylor, General Manager, Lambton Health Unit
Dr. Karalyn Dueck, Medical Officer of Health (A), Lambton Health Unit
Dr. Kieran Moore, CMOH and Assistant Deputy Minister, Public Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

 <p style="text-align: center;">PUBLIC HEALTH SERVICES DIVISION</p>	
REPORT TO:	CHAIR AND COMMITTEE MEMBERS
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Andrew P. Taylor, General Manager
REVIEWED BY:	Stéphane Thiffault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	Lambton Public Health 2021 Annual Report

BACKGROUND

Lambton Public Health (LPH) provides public health programs and services for all of the 11 municipalities in the County of Lambton, including collaboration with First Nations communities of Aamjiwnaang, Kettle and Stoney Point and Walpole Island. Under the legislative authority of the *Health Protection and Promotion Act*, public health units are accountable to provide public health programs within their geographic defined service areas.

In accordance with the Ontario Public Health Organizational Standards (OPHS), boards of health are responsible for the assessment, planning, delivery management and evaluation of a range of public health programs and services designed to promote and protect the health of the population. The OPHS requires public health units to produce an Annual Report, which serves to provide transparency and accountability to the community and ratepayers served. As part of the province’s funding agreement with local public health units, Lambton’s Board of Health (County Council) is required to demonstrate it is delivering quality public health programs and services in compliance with legislation.

"Boards of Health provide to the ministry a report after a year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements."

The purpose of this report is to satisfy the above legislative requirement.

DISCUSSION

Ontario’s 34 local public health agencies served on the front line of the COVID-19 response and the past few years have been very challenging for public health. Many local public health programs were suspended in an effort to redirect LPH’s staffing and

resources to respond to the pandemic crisis. LPH works in collaboration with its community partners, stakeholders, and clients to assess, promote and protect health, prevent disease and injury and advocate for healthy public policy. Local connectedness is critical to our operations and LPH continues to seek innovative and meaningful ways to engage with its community partners and stakeholders, which include, but are not limited to school boards, local health care providers, long-term care, retirement homes and social agencies.

Some examples of public health work at the local level includes assessing the state of mental health readiness through the development of a community mental health profile, building supportive collaborative networks to assist seniors to age-in-place, and development of a local drug and alcohol strategy to combat the local opioid-overdose crisis. To successfully meet our objectives, staff ground themselves in evidence and effective public health practice. Working to assist our vulnerable sectors helps to better understand perspectives of people with lived experience and this serves to inform and improve our service delivery by applying a health equity lens to our work.

The current landscape has impacted those living in our poorest neighborhoods and there is evidence of poorer health outcomes for people who experience homelessness and addictions. Issues related to injuries, frostbite, mental health, infectious diseases such as tuberculosis and hepatitis, and chronic diseases such as cancer and diabetes are some examples of these experiences. LPH remains committed to advocating for marginalized groups and ensuring that the department is here for those people who need it the most.

Public Health is responsive, and it is imperative to remain vigilant and connected at the local level. According to a recent report from Dr. Kieran Moore, Chief Medical Officer of Health, "*Sector readiness means having in place the relationships (networks), people (workforce), competencies and expertise, technologies, data systems, resources, structures, processes, and surge capacity that enable the public health sector and the broader health system to manage and contain an outbreak or pandemic - while continuing to provide other essential public health and health care services and, if necessary, respond to other emergencies that may occur during an outbreak.*"

Lambton Public Health's 2021 Annual Report (Appendix A) provides a summary of the department's activities and includes information about key initiatives and services undertaken by staff over the course of the year. The current restrictive fiscal environment brings many challenges, and it is necessary to seek out opportunities for staff to identify innovative approaches to service delivery. The Ministry of Health expects that public health unit budgets will continue to recognize and incorporate the identified needs of their communities and will balance local priorities with the government's clear direction for fiscal constraint.

Lambton Public Health's 2021 Annual Report reflects on our experiences with COVID-19 pandemic response and includes summaries of the numbers of COVID-19: vaccines administered in various settings, cases and outbreaks followed up, phone calls and inquiries answered through our vaccine call centre and liaison teams. The report also

includes the COVID-19 Community Health Survey findings, which support that 81% of respondents agree on continuing with mandatory masks in public settings, and 72% agree on provincial lockdown measures if cases overwhelm hospitals. Some other highlights of the report include:

- 38,000 Calls answered by Vaccine Call Centre
- 176,105 COVID-19 vaccine doses administered
- 4,985 COVID-19 cases followed up
- 2,900 Email responses by Liaison Team
- 2,868 Flu Immunizations administered
- 686,000 Needle sharps exchanged
- 1,753 Outreach visits to vulnerable sectors
- 306 Senior Dental services delivered
- 1000 Sexual Health Clinic visits

FINANCIAL IMPLICATIONS

The Ministry of Health is primarily responsible for funding public health unit operations. Revenues derive from two main sources, which include cost-shared: 70/30 percent provincial/municipal funding, and 100 percent funding through Provincial grants, which includes revenues from the Ministry of Children, Community and Social Services.

LPH also receives other revenues such as donations, and fees and service charges, which help to offset costs associated with services, such as sexual health teaching in schools, clinical supplies, and food-handler education and training.

CONSULTATIONS

In the preparation of this report, the Medical Officer of Health, Managers, Supervisors, and the Epidemiologist were consulted, as necessary.

STRATEGIC PLAN

The County of Lambton's mission statement supports the provision of responsive and efficient services, which is accomplished by working closely with municipal and community partners. As a department of the County of Lambton, LPH strives to achieve accountability through providing accurate, transparent, and timely information.

CONCLUSION

As part of the Ministry of Health's Public Health Accountability Framework and Organizational Requirements, Lambton's Board of Health is required to demonstrate it is

delivering quality public health programs and services in compliance with legislation. Like many other jurisdictions, the COVID-19 pandemic has put strain on LPH's workforce, and it is important to maintain a sustainable public health approach as we move from pandemic response into recovery. LPH has a strong resilient workforce, and we need to provide the necessary supports to maintain a safe and healthy workplace.

The restrictive fiscal environment brings opportunities and staff must strive to increase efficiency and effectiveness. System readiness and strong relationships are important. Maintaining our local connectedness and understanding the impacts on the vulnerable communities we serve enables us to respond and contribute effectively to the needs of Lambton County.



Lambton Public Health

2021 ANNUAL REPORT

Appendix A

LAMBTON PUBLIC HEALTH

We work to keep you, your family and our community safe and healthy.



VISION

Lambton Public Health's (LPH) vision is that Lambton County is a community that supports all people to strive for safety, health and well-being. LPH is part of the Public Health Services Division within the County of Lambton. LPH works with the community to: assess, promote and protect health, prevent disease and injury, and advocate for healthy public policy.

COVID-19 PANDEMIC RESPONSE

The COVID-19 pandemic was declared in March 2020. This forced the rapid suspension of many regular LPH programs and a re-prioritization and re-deployment of a significant amount of the public health workforce to deal with COVID-19 communication, surveillance, emergency management, case and contact management, and vaccinations.

Presented in this report are highlights from LPH's COVID-19 pandemic response and the accountability numbers from some of the core Public Health Standards programs which continued in 2021.

COVID-19 VACCINATIONS

January 2021 marked a local turning point in the pandemic as the first doses of the COVID-19 vaccine were administered. The Lambton COVID-19 Immunization Task Force was established to oversee and advise the implementation of the COVID-19 Immunization Plan for Lambton County, in alignment with provincial direction and as articulated in the Ontario Vaccination Program.

On January 26, 2021, Valerie Verberg, an 88-year-old long-term care resident was the first recipient of the COVID-19 vaccine in Lambton County, who is pictured here with a Public Health Nurse. The first COVID-19 vaccines were in high demand and short supply, and were prioritized to protect the most vulnerable, including long-term care residents.

Supply continued to increase and community partners rallied to increase capacity for vaccine delivery, using community halls and adopting the innovative "Hockey Hub" model, which were able to deliver up to 1,200 vaccine doses in one day while maintaining social distancing. In 2021 alone, 176,105 doses of the COVID-19 vaccine were administered in partnership with community partners, pharmacies, and primary care.





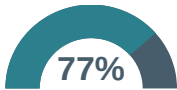
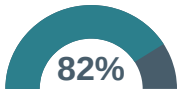
Lambton Public Health

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176,105 COVID-19 VACCINES DOSES ADMINISTERED
by LPH staff and in partnership with community partners and volunteers

Among Lambton County residents age 5+:



HEALTH PROMOTION

The Health Promotion Team continued to perform the role of Liaison in 2021 responding to queries from individuals and all community sectors including municipalities, schools, daycares, businesses, sports associations, and interest groups. Most queries centered on the application of the province's COVID-19 legislation, provincial guidance documents, and the COVID-19 vaccine. With a goal to support the community, information was regularly updated and distributed in response to the frequent regulatory changes made by the province.



OPENED VACCINE CALL CENTRE

in May 2021 to assist residents with accessing COVID-19 appointments and vaccine records.

38K CALLS ANSWERED BY THE VACCINE CALL CENTRE



4,985 COVID-19 CASES FOLLOWED UP as well as additional probable cases and high-risk contacts



105 COVID-19 OUTBREAKS DECLARED & MANAGED



96 HOCKEY HUB MASS CLINICS AT POINT EDWARD AND CLEARWATER ARENAS

175 ADDITIONAL FIXED & POP UP CLINICS ACROSS LAMBTON COUNTY

36 FIRST NATION CLINICS

150 TIMES THE MOBILE TEAM DEPLOYED TO SERVICE THE MOST VULNERABLE



842 LPH STAFF, COMMUNITY PARTNERS & VOLUNTEERS INVOLVED



2,114 COVID-19 VACCINE DOSES DELIVERED BY THE HOMEBOUND TEAM

11,299 COVID-19 VACCINE DOSES ADMINISTERED IN ONE WEEK (WEEK OF JUNE 21, 2021)



18K CALLS ANSWERED BY THE LIAISON TEAM



2.9K+ EMAIL RESPONSES BY THE LIAISON TEAM from May to December 2021



Lambton Public Health

2021 ANNUAL REPORT

COMMUNICATIONS TEAM

The Communications Team continued support for the COVID-19 pandemic including a focus on the promotion of COVID-19 vaccine updates, eligibility, requirements, and access points. Local situational updates continued under the Provincial COVID-19 Response Framework, reports on the community impact (health status, outbreaks), and encouraging the practice of basic actions and control measures to reduce the severity of illness.

Strategies leveraged digital communications, traditional media, and media relations to amplify the messages.



INCREASED SOCIAL MEDIA PERFORMANCE

4K NEW FOLLOWERS
for a total of 12K Facebook followers

3.4M PEOPLE REACHED
with 2K Facebook posts

3.55% ENGAGEMENT RATE
an increase from 2.79% on Facebook



6.2M WEBSITE PAGE VIEWS
*doubling the amount of web traffic



50 SCHEDULED MEDIA BRIEFINGS
127 NEWS RELEASES

2021 LAMBTON PUBLIC HEALTH COVID-19 COMMUNITY HEALTH SURVEY

Surveyed Lambton Country residents, finding that:



STRONG PREFERENCE TO RECEIVE INFORMATION FROM LOCAL PUBLIC HEALTH UNIT

Residents reported a strong preference to receive information and services related to COVID-19 from the local public health unit, rather than a central regional authority.

Though perceived threat of COVID-19 has declined with the vaccine rollout, most residents were still supportive of public health measures. For example:



81% AGREE ON CONTINUED MANDATORY MASKS IN PUBLIC



71% AGREE ON VACCINE PASSPORTS



72% AGREE ON LOCKDOWN MEASURES if cases overwhelm hospitals



68% OF RESIDENTS VISITED THE LPH WEBSITE OR SOCIAL MEDIA FOR COVID-19 INFORMATION



MENTAL HEALTH HAS CONTINUED TO DECLINE since the onset of the pandemic, especially among those aged 18 to 44



1 IN 10 Lambton residents reported that they were suffering from financial hardship





Lambton Public Health

2021 ANNUAL REPORT

HEALTH PROTECTION

The Health Protection Team enforces regulations aimed at protecting health and conducts investigations and inspections regarding infectious disease, and environmental hazards. LPH offers immunizations, manages outbreaks and ensures the safety of food and water.



FAMILY HEALTH

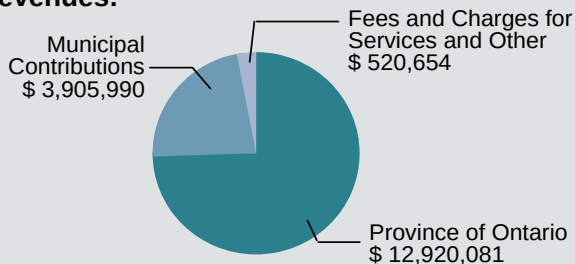
The Family Health Team provides individuals at all stages of their life with access to services that promote healthy family living and support healthy child development. Child Health programs help give babies their best possible start, Sexual Health services focus on healthy sexuality and harm reduction, and Oral Health programs improve dental health through screening and preventative services.

- 2,868** FLU IMMUNIZATIONS delivered by LPH
- 444** FOOD PREMISE INSPECTIONS
- 370** ANIMAL BITE INVESTIGATIONS
- 115** RECREATIONAL WATER INSPECTIONS
- 105** CONFIRMED REPORTABLE DISEASE INVESTIGATIONS
- 11** NON-COVID OUTBREAK INVESTIGATIONS
- 686K** NEEDLES EXCHANGED
- 1,753** OUTREACH VISITS TO VULNERABLE SECTORS
- 1K** SEXUAL HEALTH CLINIC VISITS
- 384** CALLS TO THE FAMILY HEALTH LINE
- 306** SENIOR DENTAL SERVICES DELIVERED

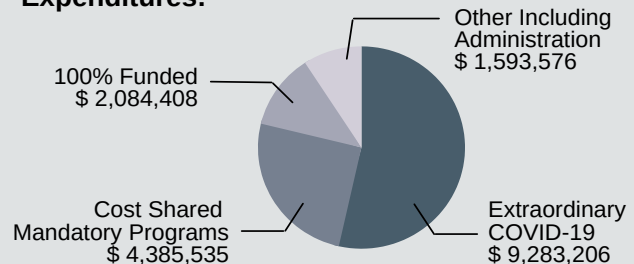
GOVERNANCE & ACCOUNTABILITY


LPH is governed by a Board of Health (Lambton County Council) which is responsible for ensuring the provision of effective population health programs and services to meet the needs of the community. Public health funding is cost-shared between the Province of Ontario and the County of Lambton. In addition, LPH receives 100% provincial funding to support specific programs. LPH's operating budget in 2021 was \$17,346,725.

Revenues:



Expenditures:



	PUBLIC HEALTH SERVICES DIVISION
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Dr. Karalyn Dueck, Medical Officer of Health Kevin Churchill, Manager, Family Health
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	Electronic Medical Record Implementation Update

BACKGROUND

Electronic Medical Record (EMR) systems are rapidly becoming standard information management tools in medical practices and clinical settings across Canada. In fact, EMR use among family physicians quadrupled between 2004 and 2017, with 85% of family doctors using an EMR in their practice.ⁱ

An EMR Update was last provided to County Council through the October 19th, 2022 Committee A.M. meeting report: *Electronic Medical Record Implementation Update*. Committee. To summarize, Lambton Public Health (LPH) has participated in provincial discussions regarding the use of EMRs in Public Health since 2016, and in 2018, the decision was made to procure an EMR solution from Intrahealth, a well-established Canadian vendor. Intrahealth Profile™ is the EMR product that is currently in the implementation process.

DISCUSSION

An internal EMR Implementation Team was established in September 2022. Members of this team include Intrahealth project management and training staff, LPH management including the Medical Officer of Health, the Epidemiologist, Quality Improvement Supervisor, Chief Nursing Officer, an Information Technology department representative, as well as clinical and program support staff. The EMR has capabilities that will allow many public health programs to use its features to book clinical appointments, securely manage client records, dispense medications, and enable treatment planning and streamline follow-up.

A decision was made to focus initial implementation in the LPH clinical program area of Sexual Health. Once this program is successfully on-boarded with the new system, other

program staff will be trained in how to use the EMR. Implementation is an intensive 6-month process which includes analysis of current clinical practices, development of detailed “job aids” or user guides, and employs a “train the trainer” approach. Train the trainer sessions were held in February, followed by user training held on March 7 and 8. Currently LPH staff are very busy with the creation of job aids, assessment of readiness, and completion of end user training. Key LPH staff meet weekly with the vendor to troubleshoot and ensure that the implementation plan is on path. The current timeline to “go-live” with using the EMR is April 2023.

Following successful implementation of the EMR in the Sexual Health program area, the plan is to expand use of the EMR to other public health programs including Healthy Babies Healthy Children.

Integration

The Intrahealth Profile™ EMR platform is in compliance with [Ontario Electronic Health Record Interoperability Standards](#) as established by the Ontario Ministry of Health. This means that the EMR will have the capability to share and integrate information with other provincial systems including the Ontario Lab Information System (OLIS), subject to data sharing agreements and relevant privacy legislation including the *Personal Health Information Protection Act (2004)*.

FINANCIAL IMPLICATIONS

All costs associated with the EMR are included in LPH’s approved budget, which is cost-share funded 70% provincial and 30% municipal.

CONSULTATIONS

Throughout the implementation of the EMR system, staff consulted with the County’s Information Technology Department, Ontario Public Health EMR Working group and the Profile for Public Health Working Group.

STRATEGIC PLAN

EMR implementation will contribute greatly to LPH’s ‘Knowledge to Action’ Strategic Priority. The goal of this priority is to design a Knowledge and Data Management Strategy that will develop, enhance and implement systems for collecting data, measuring program outcomes, and reporting to stakeholders and the community.

Implementing an EMR also contributes towards goals identified in the County of Lambton Strategic Plan “Progressive Organizational Culture” area of effort, “Actively pursuing improvements, evidenced-based practices, innovation and other supports that promote a learning and progressive organization.”

CONCLUSION

Digitization and modernization of processes from paper-based systems to electronic methods is not new to public health and is part of a continuous quality improvement process. As noted in the January 2023 [KPMG County of Lambton Municipal Modernization Fund Projects Report](#), the Public Health Services Division already has one of the highest utilization rates for digital solutions among County operations. Integrating the EMR into clinical and other program operations will continue to yield benefits including keeping operations and workforce current, supporting accountability goals and improving data quality as LPH continues to transition from paper-based systems to modern digital solutions.

ⁱ Canada Health Infoway. Use of Electronic Medical Records among Canadian Physicians, 2017 Update. Toronto, ON: Canada Health Infoway; 2017.



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Chad Ikert, Manager, Health Protection Lori Lucas, Supervisor, Health Protection
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	Food Safety Program Update

BACKGROUND

The Ontario Public Health Standards require public health departments to administer a comprehensive food safety management program, the goal of which is to improve the health of the population by reducing the incidence of food-borne illness. Lambton Public Health's (LPH) Food Safety Program plays a critical role in regulating and monitoring food safety in Lambton County.

This report will provide an update on the department's Food Safety Program. Staff last reported to Council on this subject through the September 15, 2021 Committee A.M. meeting report: *Food Safety Program Update*.

DISCUSSION

The COVID-19 pandemic has caused interruptions to the delivery of the food safety program over the last three years. With staff being reallocated to the COVID-19 response, routine food premise inspections were temporarily suspended for periods in 2020 through 2022. During these periods, LPH ensured food safety measures were monitored and enforced in order to mitigate any food safety hazards. LPH continued to respond to food safety complaints, suspected cases of food borne illness, and inspected new premises with no established food safety history.

Routine food safety inspections fully resumed in June of 2022. For the remainder of 2022 LPH prioritized conducting at least two inspections in high-risk food premises and one inspection in medium risk food premises. In 2022, LPH was able to complete at least two inspections in 95% of high-risk food premises and at least one inspection in 99% of medium risk food premises.

DineSafe Lambton

Overall, there are approximately 766 (year-round and seasonal) food establishments in Lambton County that are inspected under the *DineSafe Lambton* program. In 2022, Public Health Inspectors conducted 1028 food premise inspections and achieved an overall inspection completion rate of 47.4 percent. Routine food premise inspections have fully resumed in 2023 and LPH is currently on track to achieving all required inspection completion rates.

Refer to Appendix "A" for a list of statistical information related to LPH's Food Safety Program, which is made publicly available through LPH's public disclosure program known as DineSafe Lambton.

In 2022, food safety inspections resulted in the following:

- Four food establishments received a yellow (Conditional Pass) sign indicating the inspection revealed significant non-compliance with the Ontario Food Premises Regulation. Overall, since inception of the program in 2010, 99 yellow signs have been issued due to significant non-compliance.
- Zero food establishments received a red (closed) sign indicating the inspection revealed conditions that represent an immediate health hazard to the general public. There has been a total of four red signs issued since the program began in 2010.
- All other inspections to date have resulted in green (pass) signs being posted indicating the inspection revealed substantial compliance with the Ontario Food Premises Regulation.

Enforcement Activities

In addition to the *DineSafe Lambton* program, LPH has policies and procedures to address non-compliance with the *Health Protection and Promotion Act* and related regulations and acts when food intended for human consumption may not be safe. Enforcement activities include issuing tickets (provincial offense notices) and/or condemning food. In 2022, zero tickets were issued, and food was condemned on five different occasions.

Food Handler Training and Certification

To adapt to the restrictions to in-person programs throughout 2022, LPH continued to suspend its in-person food handler training courses for most of the year and directed clients to provincially approved vendors that offered online food handler training. One in-person class was held by LPH in late 2022. Eighty-four (84) food handlers were certified through LPH food handler courses in 2022. LPH has resumed in-class training and exams in 2023.

Despite the suspension to LPH's food handler training, compliance with food handler certification remained high, with 95% of food premises having a certified food handler on-site during inspection. This is likely due to the previous success of Dinesafe by-law, and the high uptake of food handler training completed by LPH in previous years.

Community Education and Awareness

Community education and awareness is an integral part of the food safety program. Public Health Inspectors promote food safety daily through routine inspections at food premises, during inspections at special events as well as regular visits to local Farmer's Markets. LPH provides food safety educational support and resources to community stakeholders and committees as requested.

Engagement with stakeholders provides an opportunity to promote the importance of food safety, especially relating to small children and youth. Public Health Inspectors also promote food safety messaging to the public by distributing educational materials, attending special events, and presenting to groups.

Due to the COVID-19 pandemic most community education and awareness activities were paused for much of 2022. During the summer of 2022, LPH re-implemented the mobile market initiative that allows for the delivery of educational food safety information targeted at vulnerable populations.

Healthy Menu Choices Act

On January 1, 2017, the *Healthy Menu Choices Act, 2015* (HMCA) came into effect in Ontario. This new legislation requires all food service providers with 20 or more premises in Ontario to display the calories of food and drink items on their menus. The HMCA applies to any premise where food is available for immediate consumption, including convenience stores, movie theatres, grocery stores, and restaurants. Calorie information listed must be specific to the variety, flavor, and size of the item. This legislation aims to provide customers with information to help them make informed choices about what they eat and feed their families when dining out as well as helping raise public awareness about the calorie content of food and beverages prepared outside the home.

Throughout 2022, HMCA inspections for new premises were also put on hold due to the pandemic. HMCA inspections have fully resumed in 2023. As per Ministry protocol, HMCA inspections will occur for new food premises. Food premises that have received a previous HMCA inspection will be inspected on a complaint basis only.

LPH works closely with the Ministry of Health and other Health Unit's in Ontario to ensure a consistent approach to enforcement is used for any non-compliance issues. This remains important as this legislation focuses on "chain" food premises who receive all of their menus and menu boards from a head office, therefore non-compliance issues would often be the same across the province.

FINANCIAL IMPLICATIONS

All costs associated with the Food Safety Program are included in LPH's approved budget, which is cost-share funded 70% provincial and 30% municipal.

CONSULTATIONS

None.

STRATEGIC PLAN

Lambton's Food Safety Program is consistent with the missions, principles and values identified in the County's strategic plan and support the value of Lambton County as a healthy community.

CONCLUSION


This report provides an update on LPH's Food Safety program. The Food Safety program plays a critical role in regulating and monitoring food safety in Lambton County with the ultimate goal of reducing the burden of food-borne illness in Lambton residents.

The pandemic required an adaption of the food safety program to meet the increased pressures of COVID-19 on the public health system. During this time LPH ensured food safety measures in high-risk settings were monitored and enforced to mitigate any emerging public health hazards. As the burden of COVID-19 reduces, LPH is on track to returning the food safety program to full capacity.

Appendix "A"

**Lambton Public Health
Food Safety Program Statistics 2012-2022**

	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Total number of food premises	766	763	693	735	700	704	722	730	739	734	779
Number of high risk (3 inspections/year)	121	124	104	123	99	125	110	136	169	148	158
Number of medium risk (2 inspections/year)	343	331	205	251	219	225	227	304	284	231	227
Number of low risk (1 inspection/year)	302	197	265	250	272	248	266	290	286	214	223
Total number of seasonal premises	107	111	119	108	110	106	119	126	140	141	170
Percent of high risk (3 inspections/year)	20%	3%	0%	98%	99%	100%	100%	98.5%	100%	100%	97%
Percent of medium risk (2 inspections/year)	45.2%	5%	10%	96%	100%	98.7%	100%	99.1%	100%	96%	88%
Percent of low risk (1 inspection/year)	92.8%	30%	40%	100%	100%	98.4%	100%	99.2%	99.1%	85%	89%
Overall inspection completion rate	59.9%	26.3%	40.6%	98%	99.7%	99%	100%	98.9%	99.7%	94%	91%
Number of re-inspections conducted	34	14	35	91	66	75	77	90	157	151	131
Total number of food handlers certified	84	16	92	795	585	753	778	465	700	889	830
Number of food safety presentations conducted	0	0	1	4	8	8	21	9	9	41	30
Number of food-borne/enteric illnesses investigated	11	16	5	15	19	21	12	20	20	23	18
Number of consumer complaints investigated	50	21	24	59	58	47	46	40	49	46	38
Number of enforcement tickets issued	0	2	0	10	3	5	4	2	3	12	17
Number of yellow signs issued	4	0	6	15	7	3	4	9	13	7	8
Number of red signs issued	0	0	0	2	1	0	0	0	0	1	0

	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
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	After Action Review of Lambton Public Health's COVID-19 Pandemic Response and Summary of Lessons Learned

BACKGROUND

Over the course of the last three years, with the help of strong local partnerships, Lambton Public Health (LPH) has played a leading role in Lambton County's COVID-19 pandemic response, providing critical supports and services to our community including case and contact management (CCM), immunization, community engagement, and non-COVID-19 critical public health services. Since the first cases of COVID-19 in Lambton County were reported on March 25, 2020, LPH has intently responded to the most prolonged public health emergency in recent history.

Beginning in late spring of 2022 when LPH started to transition out of its COVID-19 emergency response efforts and began recovery planning, management actively prioritized conducting an internal After Action Review (AAR) of our pandemic response to reflect and assess strengths and challenges experienced throughout the response. The lessons learned from this review will be used to improve ongoing response work and to strengthen our preparedness for future public health emergencies.

The scope of this reported portion of the AAR was internal only and focused on challenges and best practices that occurred within LPH, rather than challenges experienced by external organizations that may have impacted our services. LPH will conduct a further review in 2023 that will include key external partners and stakeholders in order to gather lessons learned from an external perspective.

The key findings and recommendations identified through LPH's AAR were summarized in the attached report, "*Progressing beyond the Pandemic: Lessons Learned from Lambton Public Health's COVID-19 Response*" (Appendix A). This report summarizes the key lessons learned from LPH's internal pandemic response in providing critical supports and services to our community.

DISCUSSION

LPH utilized the AAR framework to complete its internal review of the pandemic response. An AAR is a qualitative method used for debriefing following an emergency response; it is especially useful for breaking down long-term emergencies such as the COVID-19 pandemic and has been adapted for use in public health settings by the World Health Organization.

LPH's review looked at the five pillars of the local public health response including CCM, immunization, community engagement, emergency response coordination, and non-COVID-19 critical public health services. The objective of the review was to answer the following questions for each of the five pillars:

1. What were the most impactful best practices, and what allowed us to implement them?
2. What were the most impactful challenges, and why did they occur?
3. What actions should be taken to address these challenges, build on these best practices, and ultimately improve LPH's emergency response capacity?

The scope of the AAR was limited to challenges and best practices experienced within the organization during the peak response period of the COVID-19 pandemic (2020 and 2021). Additionally, participants were asked to focus on challenges and best practices that occurred within LPH, rather than challenges at other organizations that may have impacted LPH. This allowed participants to prioritize discussing barriers and facilitators that were within the organization's control or sphere of influence.

LPH's AAR used debrief sessions, key informant interviews, and qualitative questionnaires to engage with different groups of participants. From July to November of 2022, six debrief sessions and three key informant interviews were conducted, along with a qualitative questionnaire that was completed by selected staff.

KEY RESULTS

The following is a summary of the best practices and challenges that were identified through the AAR.

Key Best Practices Identified:

- **Implementing a previously established emergency response plan based on an Incident Management System (IMS) framework** - LPH's emergency response plan is based on the IMS framework, designed to provide timely and effective mobilization of public health staff and resources during an emergency response. The LPH plan specified IMS roles for an incident management team, and when activated, this role clarity helped to streamline decision making.
- **Developing new internal communication practices** - LPH implemented new internal communication practices to help keep pace with the pandemic's 24-hour information

cycle. Frequent, recurring team meetings, also known as “huddles”, allowed for efficient information sharing and helped bring staff up to speed on new information.

- **Taking advantage of new remote work tools** – Tools to support remote work, for example, Cisco Jabber for instant messaging, Zoom and Microsoft Teams for virtual meetings, Verto for online vaccine booking, and mobile phones for communication allowed for safer working environments for staff both on-site and at home, more efficient communication, enhanced documentation of past work, and improved access to information.
- **Establishing new interdepartmental leadership roles** - Lead roles were developed to be responsible for remaining up to date with setting-specific guidance, and served as knowledge brokers to LPH staff, partner organizations, and the public. Implementing these new roles allowed LPH to improve accuracy and consistency in communication, reduce duplication of work, improve interdepartmental relationships, and strengthen external partnerships.
- **Streamlining external communications** - Examples included holding scheduled media briefings in order to limit sporadic media requests and having the Medical Officer of Health provide updates to a single County Emergency Operations Centres (EOC) with representation from each municipal group rather than liaising with each of Lambton County's municipal EOCs separately. In order to meet the community's need for local COVID-19 surveillance data, LPH established daily (and later weekly) surveillance reports on the public website.
- **Being flexible and adapting to constant change** - The COVID-19 pandemic demanded an abundance of flexibility from LPH as an organization. Willingness to adapt practices on short notice allowed LPH to meet the needs of priority populations, invest and innovate with new digital tools, and surpass hurdles that seemed insurmountable. The organizational culture shifted to one that was primed for constant change; creative problem solving was a necessity, and critical decisions were made quickly.
- **Adaptable human resources/funding infrastructure** - Unprecedented demands on public health during the COVID-19 pandemic required increased human resource capacity. This included the need for operations outside standard working hours, additional staff, additional managerial capacity, and effective utilization/ empowerment of staff. Taken together, this evolved into an innovative staffing model that could be scaled up or down as needed.
- **Relying on positive partnerships in the community** - LPH's pre-existing partnerships and goodwill with local organizations provided a solid foundation for the pandemic response. When LPH had to communicate with or rely upon these partners, many of the channels of communication were already there.

Key Challenges Identified:

- **Keeping up with demand** - Due to the uncertainty, and general nature of an emergency, community needs were often urgent. The public and community partners expected 24/7 access to, and service by, public health staff. This included demand for COVID-19 vaccines, access to LPH staff to consult or comment, and demand for information. As a result, organizational capacity was often strained, and staff reported stress and burnout.
- **Remaining up to date with changing guidance** - COVID-19 guidance documents were continuously being updated by the Ontario Ministry of Health and Long-Term Care as the COVID-19 pandemic evolved, which made it difficult for staff to keep up to date on the most current information. This made it difficult for staff to confidently relay newly updated information to partners and the public, which was an added stressor.
- **Adequately staffing and scheduling to match continuously fluctuating demand** - Adequate staffing and scheduling was a continuous challenge throughout the pandemic since these needed to match the local demand for public health services. Local demand was influenced by numerous factors outside of LPH's control, including local transmission; vaccine eligibility, delivery, and demand; and changing provincial guidance and regulations.
- **Decisions to allocate resources to pandemic response vs. core programming** - LPH management implemented its business continuity plan to redeploy staff and focus efforts on the pandemic response. As a result, most core programming was temporarily suspended. The duration of the pandemic response and consequently, the length of time other public health programming remained suspended or scaled back contributed to frustration among staff, clients, and partner organizations who wanted core services resumed.
- **Lack of pre-existing clarity on responsibilities of public health** - Understanding the roles and responsibilities of public health was a challenge that existed prior to the pandemic. This created additional challenges throughout pandemic response. For example, some perceptions that other organizations and the public had regarding the work and role of public health did not always align with the mandates of local public health units. This resulted in misunderstandings that impacted credibility and public trust.
- **Technology barriers** - While technology facilitated the functioning of a best practice (i.e., new remote work tools), it also proved to be a key challenge. In some cases, technology barriers created issues in new remote work tools, as well as pre-existing tools that resulted in decreased efficiency, staff confusion, and creation of workarounds to troubleshoot barriers.
- **Supporting clients with specialized needs** – Ensuring support for clients with specialized needs was particularly a challenge for teams whose work included vaccine or case and contact management elements. Clients with specialized needs/requests required additional support by staff, including additional time and resources.

- **Working with clients during challenging situations** – For LPH teams whose work included vaccines or case and contact management elements, there were particularly challenging circumstances encountered. Staff working in these areas reported frequently encountering angry/ frustrated clients exhibiting uncooperative behaviour. This resulted in added stress on staff, which had negative effects on mental health.
- **Negative impacts on staff mental health** – The negative impacts on staff mental health working through the COVID-19 pandemic was a common theme mentioned by almost every team at LPH. Negative impacts included additional stress, frustration, loss of motivation, and burnout.

Recommendations Summary

The following is a summary of the key recommendations derived from the results of the AAR that will be used to improve ongoing response work and strengthen our preparedness for future public health emergencies. The recommendations are not listed in any order of importance. Specific initiatives to achieve these recommendations are listed in the AAR report.

1. **Prioritize post-pandemic mental health supports for staff**
 - Staff in all sessions discussed the acute and chronic mental health impacts of working in public health during the COVID-19 pandemic, as well as the importance of peer and organizational support.
2. **Improve communication and transparency within LPH**
 - Consistent and efficient internal communication was identified as a challenge.
3. **Continue to break down organizational silos**
 - Collaborating across service areas during pandemic response was a strength identified in several debrief sessions. It was recommended that this continues in recovery and regular programming.
4. **Continue to engage in continuous planning and evaluation with the goal of increasing organization flexibility and effectively adapting to change**
 - It is important to take advantage of our lessons learned and apply them to future pandemic preparedness planning and advancing regular programming.
5. **Continue to refine scheduling and staffing practices for future pandemic response, and for periods when increased capacity is needed for regular programming (e.g., influenza clinics)**
 - Scheduling and staffing were common challenges identified through several pillar sessions.
6. **Continue to protect physical and mental safety of our LPH workforce**

After Action Review of Lambton Public Health's COVID-19 Pandemic Response and Summary of Lessons Learned (page 6)

April 5, 2023

- Staff mostly reported feeling safe and supported by management when implementing boundaries for physical and mental safety. It was identified that this support should continue in future emergencies.
7. **Continue to explore ways to evolve services to better support Lambton County residents. Support growing the community's knowledge of local public health.**
- It was identified that sharing LPH's role in supporting the community provides more insight to how LPH operates and assists in managing expectations.
8. **Build on new and existing partnerships**
- LPH developed strong community partnerships during the pandemic; these relationships should be maintained for delivery of core public health services and be available for future public health emergencies.

FINANCIAL IMPLICATIONS

The Ministry of Health (MOH) acknowledges that public health units continue to incur extraordinary costs associated with the COVID-19 pandemic. To date, the province has provided 100% funding to offset eligible COVID-19 related expenditures. The province expects all Boards of Health to continue to take all necessary measures to respond to COVID-19 in their catchment areas while continuing to maintain critical public health programs and services.

CONSULTATIONS

The Medical Officer of Health, General Manager, 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

Lambton Public Health's AAR provided an opportunity to reflect and assess strengths and challenges experienced throughout the pandemic response. Through the AAR, LPH was able to gain valuable insight on strengths and lessons learned throughout the pandemic response. Actionable recommendations for future programming and pandemic

After Action Review of Lambton Public Health's COVID-19 Pandemic Response
and Summary of Lessons Learned (page 7)

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preparedness were derived from the results of the debrief sessions. These findings are integral as LPH moves forward and shifts its work from COVID-19 response into recovery.

Next steps are intended to engage with our partner organizations and stakeholders to secure input and feedback on LPH's pandemic response efforts. Staff will report back to the Board of Health (County Council) once these survey results are available. Using this approach will help LPH to evaluate, learn, improve, and better prepare for future public health emergencies.

APPENDIX A

Progressing Beyond the Pandemic

Lessons Learned from
Lambton Public Health's
COVID-19 Response

On behalf of:

Lambton Public Health
The County of Lambton

February 2023



**Lambton
Public Health**

After Action Review Report: Summary

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Foreword

Lambton Public Health (LPH) fulfilled a tremendous responsibility to the Lambton community during the COVID-19 pandemic. We rearranged our operations to meet emerging needs, we worked with and guided organizations from every sector - health care (long-term care, hospitals, primary care and allied health providers), education (public and private school boards and post-secondary institutions), industries and other workplaces, governments (municipalities, our Board of Health, the province and the federal government), and answered daily calls from the public and media to address their questions about COVID-19. We worked to ensure access to COVID-19 testing and vaccination for rural, remote, and First Nations populations. We delivered the largest vaccination effort in recent times to administer one, then two, then three and more doses of COVID-19 vaccine quickly, safely, and efficiently to every age group and population as they became eligible.

There are many global learnings from this pandemic, including:

1. we are all connected to each other (even to people we've never met around the world),
2. our pre-existing vulnerabilities are made worse by pandemics and other stressors,
3. we need to champion our strengths as communities and our ability to collaborate with each other,
4. conversations in which people can disagree are important, but they only work if they are grounded in civility and respect for each other, and
5. being healthy is about much more than having health care – it involves our social, material and psychological/spiritual worlds.

Many parts of the pandemic were outside of LPH's control – the federal and provincial responses, the flow of information (or misinformation) on social



media and other media channels, and the wider effects of the pandemic on our social and physical health. As part of a more focused learning exercise, LPH is delving into the pandemic response – specifically those parts that were operationalised by or within the control of our organization. We followed a protocol for an After-Action Review, which involved consultation with many of our staff to understand what worked well and what could have been different. This report synthesizes our findings, and we hope to use them so we can learn and improve our response for future public health events. If other organizations are interested in an After-Action Review, please contact us and LPH would be happy to assist you with the process steps.

It has been a privilege to be a part of this team, and I congratulate everyone at LPH on their hard work, dedication, and compassion through the pandemic.

Dr. Sudit Ranade
Medical Officer of Health (2012-2022)

Introduction

Over the course of the last two and a half years, the COVID-19 pandemic has tested the capacity and demonstrated the importance of local Public Health Units (PHUs) across Ontario. On March 25, 2020, the first cases of COVID-19 in Lambton County were reported and LPH staff began responding to the most prolonged public health emergency in recent history. With the help of strong local partnerships, LPH played a leading role in Lambton County's pandemic response, providing critical supports and services to our community. At the highest level, these supports can be categorized into **five pillars of the local public health response (Figure 1)**.





01 Case & Contact Management (CCM)

A team responsible for following up with local cases of COVID-19 and their contacts via phone within 24 hours of their positive test result. Staff provided guidance on isolation requirements, declared outbreaks, collected data, and supported other organizations in interpreting COVID-19 guidance from the Ministry of Health.



02 Immunization

Composed of two teams that were responsible for prioritizing high-risk populations as identified by Ontario's Ministry of Health. The immunization teams worked with partners such as primary care providers to increase access, and provide one-on-one education regarding COVID-19 vaccines and vaccine safety.

Fixed-site Clinic Team - Worked with partner organizations to immunize Lambton County residents against COVID-19 at mass clinics.

Mobile Team - Provided the vaccine to groups and individuals who experienced barriers to attending a clinic.



03 Community Engagement

Four key functions fell within the Community Engagement pillar. These included:

Vaccine Call Centre - A team of LPH staff that worked to book COVID-19 vaccine appointments for people who live or work in Lambton County, especially those who were unable to book appointments online. This team created a booking process that was accessible and equitable, explained eligibility requirements, updated immunization records, and referred callers to alternate options for COVID-19 vaccines in the community (e.g., pharmacies, primary care offices) when required.

Liaison Team - Staff who engaged with community members and partner organizations via phone calls, emails, and website updates to interpret public health guidance, provide responses to inquiries and complaints, and connect clients to the appropriate resources and services. Enforcement of the Reopening Ontario Act was also a responsibility of this team, alongside other community partners.

Communications - A team responsible for coordinating communication of important public health messages to the general public, elected officials, specific agencies, and priority populations. This team collaborated with knowledge experts to deliver accurate and timely information tailored to different audiences. These messages were distributed using multiple media platforms such as radio, social media, the LPH website, and media relations.

Epidemiology - Staff who monitored and reported on: the prevalence, incidence, and mortality of COVID-19 in Lambton County; the status and capacity of local systems supporting the pandemic response; the number of immunizations given in Lambton County, and community vaccine coverage. This involved developing and regularly updating tailored reports on these topics to public health professionals, partner organizations, elected officials, and the public. Other responsibilities included working to protect the personal health information of COVID-19 cases and immunization clients, and continuously monitoring and improving data quality.



04 Emergency Response Coordination

LPH's **Incident Management System (IMS)** group was responsible for coordinating and resourcing the organization's emergency response rapidly and efficiently. In addition to response coordination within LPH, this also included liaison with municipalities, school boards, the Ministry of Health, Public Health Ontario, and other important agencies as necessary.



05 Non-COVID Critical Public Health Services

A small number of staff were responsible for providing modified access to critical public health programs, including: harm reduction, sexual health services, health inspections and the Healthy Babies, Healthy Children program.

Figure 1: Pillar Objectives

Introduction

Thanks to high vaccination rates and the success of antiviral medications, among other factors, Ontarians have recently been encouraged to learn to live with COVID-19 by the Ministry of Health. In March of 2022, Ontario's Chief Medical Officer of Health issued a number of changes to directives, including less restrictive case and contact management guidance outside of high-risk settings. These changes offered local PHUs some capacity to begin returning to core public health programming while maintaining key pandemic functions such as vaccine clinics and outbreak management. During this time, LPH prioritized bringing staff together to reflect on the challenges experienced and the best practices implemented throughout the pandemic. As an organization, collecting these lessons learned is the first step in strengthening our preparedness for future public health emergencies.

This report summarizes LPH's greatest challenges and most innovative best practices during the pandemic, as told by the LPH staff who worked to keep our community safe. To compile this report, LPH conducted an **After Action Review (AAR)** (1). An AAR is a qualitative method for debriefing following an emergency response; it is especially useful for breaking down long-term emergencies such as the COVID-19 pandemic, and has been adapted for use in public health settings by the World Health Organization (1). According to Public Health Ontario, this type of review "allows stakeholders to reflect on shared experiences and perceptions of a response, and work together to identify what worked well, what did not work, why, and areas for improvement." (2).

The objective of this review was to answer the following questions for each of the five pillars of the local public health response:

1. What were the most impactful best practices, and what allowed LPH to implement them?
2. What were the most impactful challenges, and why did they occur?
3. What actions should be taken to address these challenges, build on these best practices, and ultimately improve LPH's emergency response capacity?



Methods & Materials

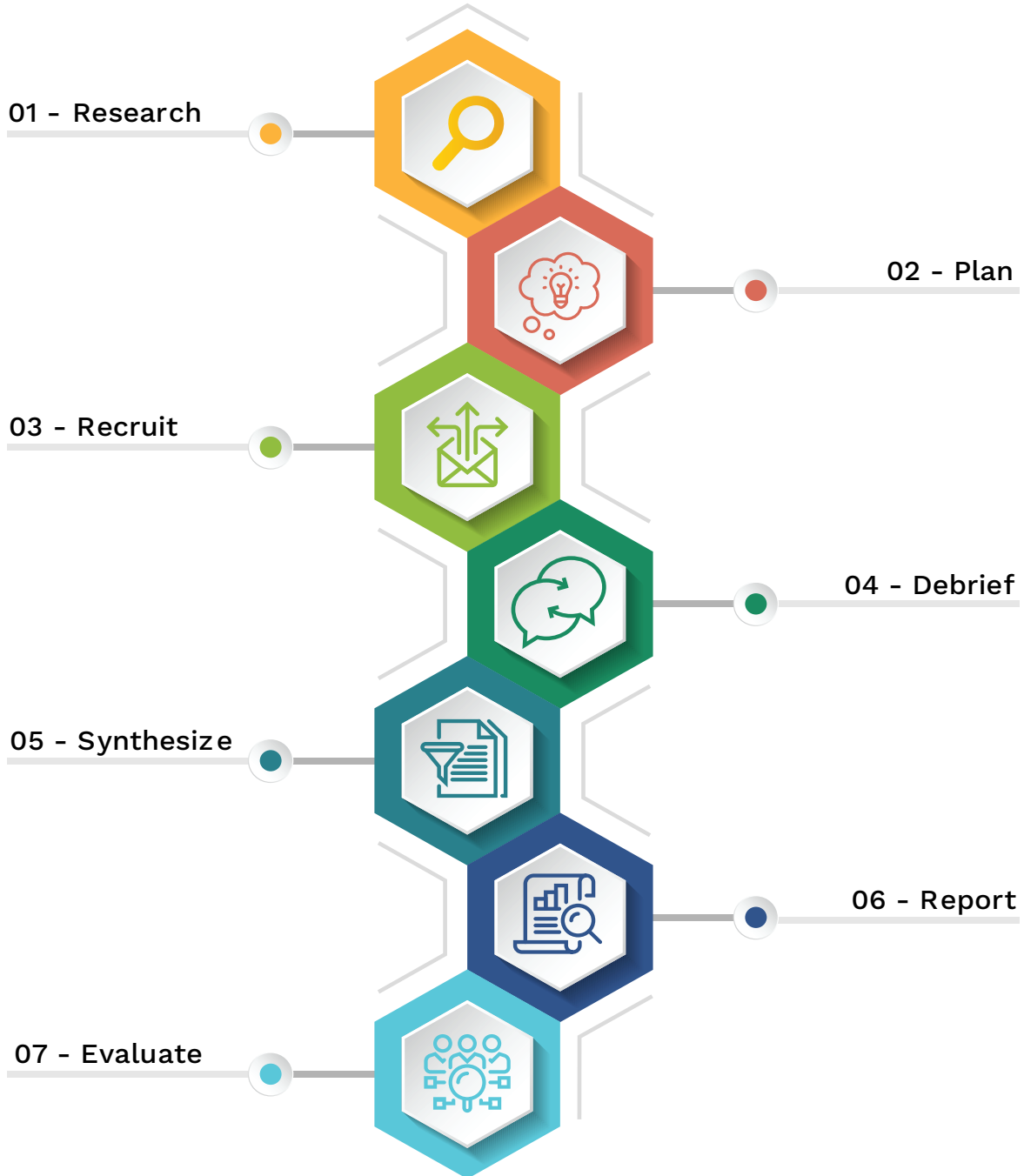




Figure 2: Methodology

Methods & Materials

RESEARCH & PLANNING


 LPH formed an internal team responsible for planning and executing a COVID-19 pandemic evaluation project. The AAR was selected as the most appropriate evaluation framework based on its suitability for long-term emergency response and availability of guidance specific to public health emergencies. While planning, the AAR team referenced Public Health Ontario’s Rapid Review on Best Practices for Conducting In- and After Action Reviews as part of Public Health Emergency Management (2), the World Health Organization’s (WHO) “Guidance for After Action Review” (1), and Mathematica’s COVID-19 After Action Review Toolkit (3).

SCOPE

 AARs typically focus on several pillars, which are broad categories for emergency response functions such as Case and Contact Management or Surveillance (3). Pillars for this review were identified through discussion with managers, supervisors, and the Medical Officer of Health. The five pillars of LPH’s review include Case and Contact Management (CCM), Immunization, Community Engagement, Emergency Response Coordination, and Non-COVID Critical Public Health Services.

The scope of the AAR was limited to challenges and best practices experienced within the organization during the peak response period of the COVID-19 pandemic (2020 and 2021). Additionally, participants were asked to focus on challenges and best practices that occurred within LPH, rather than challenges at other organizations that may have impacted LPH. This allowed participants to prioritize discussing barriers and facilitators that were within the organization’s control or sphere of influence.

FORMAT

 The WHO offers four AAR formats to accommodate varying numbers of participants and locations, resources available, and the complexity of the emergency that is under review. LPH’s review was a Mixed-Method AAR (1) that used debrief sessions, key informant interviews, and qualitative questionnaires to engage with different groups of participants:

- 1. Debrief Sessions** - Interactive meetings that used facilitated group exercises to guide a team of up to 12 participants to reflect on the emergency, and come to a consensus about the top challenges and best practices. These in-person sessions were three and a half hours long, including breaks, and were co-facilitated by two AAR team members. Participants were provided with the slide deck in advance so that they could choose to do some independent reflection prior to the session. Facilitators guided participants through the following five exercises. Exercises B through E were conducted twice per session - once for best practices, and once for challenges.



Methods & Materials

FORMAT



1. Debrief Sessions (continued)

- A. **Pandemic Timeline** - An exercise to help participants recall events that occurred during the pandemic, and place them in time. A large printout of a graph showing the local COVID-19 incidence rate over time, alongside descriptions of several key events was created. Participants used sticky notes to write down events they remembered, and spoke to them as they placed them on the timeline. Events included those relevant to public health work in general (e.g., changes in guidance or vaccine eligibility) and also those specific to teams and individuals (e.g., creation of the vaccine call centre, memories of learning a new system for the first time). This exercise served to help with participant recall.
 - B. **Best Practice/Challenge Brainstorm** - Participants were asked to brainstorm their team's best practices and challenges during the pandemic. Facilitators helped the group to identify the top three-to-five most impactful challenges/best practices, and then had the group identify the impacts of each.
 - C. **Impact Mapping** - Participants were given a blank graph with four quadrants, and asked to place each of the top challenges and best practices from Exercise B on the graph. The Y axis showed level of impact, and the X axis showed LPH's level of control. For best practices, the X axis read: "LPH can maintain this best practice" on one end, and "LPH can build on this best practice" on the other. For challenges, the X axis read: "LPH can't fix it (difficult)" on one end, and "LPH can fix it (easy)" on the other.
 - D. **Fishbone Diagram** - Challenges and best practices that were ranked as high-impact and more within LPH's control in Exercise C were prioritized for root cause analysis using a fishbone diagram (3). For each challenge, participants were asked to consider potential causes, and place the causes within six categories: tangible, people, economic/external, managerial, organizational, and information/technology. Where possible, facilitators continued to ask "why" each cause occurred, tracing the causes of the causes.
 - E. **Final Recommendations** - At the end of each session, facilitators summarized the top best practices/challenges, their impacts, impact/control ranking, and potential causes. Participants were asked to verify this information and add anything that may have been missed. Finally, participants were asked to provide recommendations for how LPH can address challenges and build on best practices to improve future emergency preparedness. Recommendations could be shorter-term (things LPH should do now), or longer-term (things LPH should work towards, or do in a future public health emergency).
2. **Key Informant Interviews** - Individual meetings where co-facilitators used an interview guide to ask the participant to reflect on the same questions posed in exercises B through E in the debrief sessions. These interviews were 1.5 hours long on average, and took place in-person or virtually, depending on availability. Participants were provided with the interview questions and pandemic timeline in advance and were encouraged to do independent reflection prior to the interview.
 3. **Qualitative Questionnaire** - An online, self-reported questionnaire with open-ended questions that mirrored those used in debrief sessions and key informant interviews.

Debrief sessions were conducted for each response area with a team of at least four people (Figure 3). For smaller teams, key informant interviews were used. A qualitative questionnaire was used to engage with staff who were responsible for the continuation of Non-COVID Critical Public Health Services.

Methods & Materials



Figure 3: Pillars of the Local Public Health Response and Debrief Method

Methods & Materials

RECRUITMENT



LPH staff were invited to participate in the AAR via a brief online recruitment questionnaire that was distributed by the Strategic Priority Manager, along with a Frequently Asked Questions document. This voluntary questionnaire asked staff to select which pandemic response area(s) they were a part of, provide their availability, and identify any accessibility needs that they had. It was open for nine working days (July 13 to 25, 2022), and supervisors were asked to remind their teams to participate.

MATERIALS



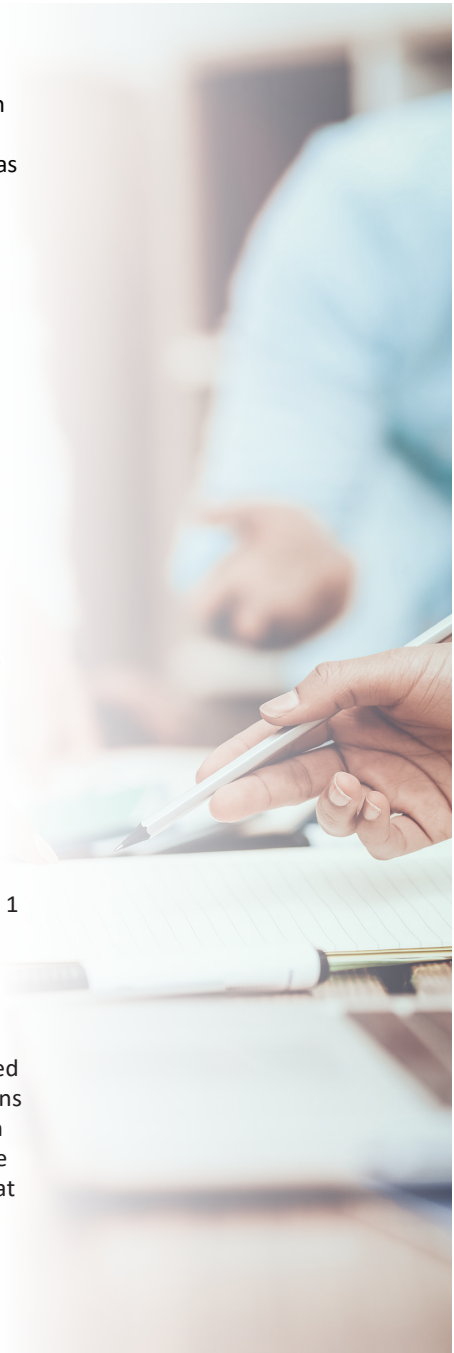
The AAR team developed all project materials based on existing guidance for conducting an AAR. These materials are listed in the Appendix and are available upon request. Slide decks for debrief sessions and key informant interviews were the main tool used by facilitators to guide participants towards consensus. In addition to introductory information on the project's purpose and scope, the slides contained interactive elements (e.g., fishbone diagrams) that facilitators would fill in based on the group's direction; this allowed participants to see the results in real time, and confirm that facilitators were interpreting the discussion accurately. Slides for exercises B through D were adapted from the WHO's guidance on AARs, and Mathematica's COVID-19 After Action Review Toolkit (3). Exercises A and E and their respective slides were developed by LPH's AAR team. Debrief sessions and interviews were audio-recorded and transcribed.

The recruitment questionnaire, qualitative questionnaire for Non-COVID critical public health services, and a confidential feedback form were programmed into CheckMarket, a cloud-based survey platform (4). The pandemic timeline was created in Power BI (5), and printed on large poster paper. Other project materials in Table 1 were created using Google Drive (6).

SYNTHESIS



Resulting challenges, best practices, and recommendations from each debrief session, interview, and questionnaire were transcribed and summarized. Session notes and audio-recordings/transcriptions were reviewed to ensure that all relevant context was captured in the summary. When staff engagement was complete, results were reviewed for common themes and recommendations. Themes that were identified across multiple pillars are presented in this summary report. The overarching recommendations provided at the end of this report were created both by AAR participants, and the AAR team.



Overview of Key Results

Best Practices

Impacts

01

Implementing a previously established emergency response plan

- Provided role clarity
- Streamlined decision making
- Improved response time
- Improved internal communication

02

Developing new internal communication practices

- Increased efficiency
- Reduced duplication of work
- Expedited training and information sharing
- Fostered positive team morale

03

Taking advantage of new remote work tools

- Created safer working environment
- Improved access to information
- Allowed for better documentation of work

04

Establishing new interdepartmental leadership roles

- Improved accuracy and consistency in communication
- Reduced duplication of work
- Enhanced interdepartmental relationships
- Strengthened external partnerships

05

Being flexible, and adapting to constant change

- Allowed LPH to respond to local context
- Improved ability to meet needs of higher-risk populations

06

Relying on positive partnerships in the community

- Increased response capacity
- Strengthened existing partnerships

07

Having an adaptable human resources/funding infrastructure

- Improved coverage and capacity
- Allowed for scaling in response to demand
- Facilitated interdisciplinary teamwork
- Decreased pressure on supervisors

Figure 4: Key Results - Best Practices Summary

Key Results

From July to November of 2022, six debrief sessions and three key informant interviews were conducted, along with a qualitative questionnaire that was completed by 10 staff. In total, approximately 40 LPH staff participated in the AAR. This report presents a summary of the central themes that were brought forward by multiple pillars during staff engagement.

Best Practices

A best practice is a response activity which was implemented during the emergency under review, and improved performance or had a notable positive impact on the response (1). Across the organization, LPH staff identified these as the top best practices implemented during the pandemic:

Implementing a previously established emergency response plan



As per the requirements of the Ontario Public Health Standards for emergency management, LPH maintained a detailed and up-to-date emergency response plan to ensure 24/7, timely, integrated, safe, and effective response to and recovery from emergencies with public health impacts. This plan is based in a framework known as Incident Management System or IMS (7), designed to provide timely and effective mobilization of public health staff and resources in the event of an emergency. The LPH plan specified IMS roles for an incident management team, and when activated, helped to streamline decision making. The plan was also supported by several tabletop exercises that occurred prior to the COVID-19 pandemic. LPH made adaptations to the system in an effort to improve efficiency. For example, in late 2020, most staff were re-deployed into one of three response areas (CCM, immunization, community engagement). Each response area adapted elements of IMS to facilitate their own decision making, rather than relying on a single IMS team for the whole organization.

Developing new internal communication practices



Teams across LPH implemented new internal communication practices to help keep pace with the pandemic’s 24-hour information cycle. One practice that LPH adopted from IMS principles was the use of brief but frequent, recurring team meetings in order to share information and plan activities. These meetings, sometimes called “huddles”, allowed for efficient information sharing. They also made it easier to bring new staff, or staff assigned to multiple response areas, up to speed, and fostered positive team morale. In addition, staff reported informally debriefing together during difficult times to provide valuable peer support. Other best practices that improved internal communication were developing internal “cheat sheets” to summarize guidance and procedures, hosting virtual all-staff meetings to share information, and posting regular updates to the LPH intranet. Some AAR engagement sessions found that maintaining internal communication that kept pace with new information was still difficult, even with these new practices. However, there was agreement that they had a positive impact by increasing efficiency and reducing duplication of work.

Key Results

Taking advantage of new remote work tools



Regular team meetings were made possible by new tools that allowed the majority of LPH staff to work remotely. These tools included: Basecamp for project management, Cisco Jabber for instant messaging, Zoom and Microsoft Teams for virtual meetings, Humanity for scheduling, a dedicated digital phone line for operating the Vaccine Call Centre, Verto for online vaccine booking, new provincial databases for management of medical records, Google Drives for live collaboration, and staff email and mobile phones for communication. Remote work tools were also used to interview and onboard new staff remotely during the start of the pandemic. LPH was able to leverage many of these remote tools because of a new County policy that permitted remote work, and the County's information technology (IT) resources. In almost every debrief session and interview, LPH staff cited the impacts of these tools. Impacts included a safer working environment for staff both on-site and at home, more efficient communication, enhanced documentation of past work, and improved access to information. Notably, there were no workplace COVID-19 outbreaks at LPH throughout the pandemic, even while some staff had to continue working in-person.

Establishing new interdepartmental leadership roles



Teams at LPH established new roles to help streamline key functions and communications. For example, the Case and Contact Management Team and the Liaison Team each assigned a staff person to lead engagement with settings/partner organizations that interacted regularly with public health, such as long-term care homes and schools. These leads were responsible for remaining up-to-date with setting-specific guidance and serving as knowledge brokers to LPH staff, partner organizations, and the public. When parallel roles were created across teams (e.g., a health promoter and public health nurse each serving as the School Lead on their own team), LPH could meet the setting's needs more efficiently. Implementing these new roles allowed LPH to improve accuracy and consistency in communication, reduce duplication of work, improve interdepartmental relationships, and strengthen external partnerships.

Key Results

Being flexible, and adapting to constant change

There were many instances when the COVID-19 pandemic demanded flexibility from LPH as an organization and LPH staff individually. The organization’s ability to adapt practices on short notice allowed LPH to meet the needs of priority populations, invest and innovate with new digital tools, and surpass hurdles. The organizational culture shifted to one that was prepared for constant change; creative problem solving was a necessity, and critical decisions were made quickly. An example of flexibility at the individual level comes from the mobile vaccination team, where staff met people where they were at - visiting clients’ homes across Lambton County to ensure that they had access to the COVID-19 vaccine. This required a significant amount of planning and preparation, and also a willingness to change the plan on a daily basis if it meant that just one more person could get the vaccine.



An example of flexibility at the organizational level was the MOH’s willingness to make exceptions to provincial guidance where it was deemed best for the community. LPH made the decision to immunize staff at local schools in advance of the official eligibility date, based on their level of occupational risk, and the organization’s positive relationships with school boards that enabled mass pre-registration of this group. The cultural shift towards flexibility and rapid cycles of change is a best practice that the majority of best practices in this review are dependent upon.

Relying on positive partnerships in the community

Across engagement sessions, participants confirmed that LPH’s pre-existing partnerships and goodwill with local organizations provided a solid foundation for the pandemic response. In part, LPH is advantaged here due to its status as a smaller health unit and being a division within the County of Lambton. Many local public health employees have longstanding partnerships with important stakeholders in other divisions of the County, long-term care homes, school boards, primary care providers, and more. When LPH had to communicate with or rely upon these partners, the channels of communication were already there. Furthermore, many community organizations donated time and services to further enhance the response and provide the best support possible to the community.



Key Results

Adaptable human resources/funding infrastructure

Another best practice that was identified was the adaptability of human resources infrastructure and innovative management. The pandemic placed unprecedented demands on public health which required increased human resource capacity. This included the need for operations outside standard working hours, additional staff, additional managerial capacity, and effective utilization/empowerment of staff. Taken together, this evolved into an innovative staffing model that could be scaled up or down as needed. LPH implemented a 7-day work model at the pandemic’s inception to address community needs. Correspondingly, staff stated that management on-call structure expanded to support weekend and holiday operations. A pool of temporary staff were hired in preparation for vaccine rollout during the summer of 2020, and additional, already-trained communications staff were seconded from other County divisions or contracted for short periods. Staff noted that part-time staff were also able to work outside their standard allotment of hours (28 hours/week or less) to participate in the 7-day work model. Specialized staff were empowered to serve as leads for specific response areas, while all staff collaborated to contribute their skill set to the pandemic response. As the pandemic evolved, so did LPH’s staffing needs. In the long-term, LPH needed to stabilize scheduling and return to a 5-day work model. Staff highlighted that this shift from a 7-day operation to a 5-day operation (plus on-call capacity) occurred at the right time, and that management adapted throughout the pandemic, becoming better able to anticipate future staffing needs.



The adaptability of human resources infrastructure and innovative management was supported by provincial changes to electronic charting tools; flexibility, support and memorandums of understanding with unions from the beginning of the pandemic (i.e., before legislative requirements were imposed); and sustainable funding/resources through the province, community partners (i.e., donating staff time), and LPH’s connection to the County of Lambton (i.e., LPH did not have to worry about borrowing funds and resources like some other health units that were not integrated with their municipality). Impacts included increased capacity to appropriately scale in response to demand, increased sustainability/ability for staff to continue moving forward, facilitation of interdisciplinary work (i.e., greater respect and understanding of different professionals’ scope of practice), effective use of staff (i.e, everyone could be involved), decreased strain on supervisors (from utilizing specialized staff), decreased the need to reactively train staff, and decreased pressure.

Overview of Key Results

Challenge

Impacts

01

Keeping up with demand

- Strained organizational capacity
- Increased staff stress and burnout
- Impacted staff ability to disconnect from work
- Contributed to staffing/scheduling challenges
- Decreased client satisfaction contributed to public frustration

02

Remaining up-to-date with changing guidance

- Created challenges in being able to provide accurate and consistent information
- Allowed for spread of misinformation and outdated information
- Increased staff stress and burnout

03

Adequately staffing and scheduling to match continuously fluctuating demand

- Caused duplication of work
- Increased client and staff frustration
- Prompted irregular working hours and working with minimal coverage

04

Balancing resources between pandemic response and core programming

- Resulted in temporarily suspending most core programs
- Increased frustration among staff, clients, and partner organizations
- Resulted in population health issues that were not addressed

05

Managing expectations of the roles and responsibilities of public health

- Created confusion for partner organizations and clients
- Led to inconsistencies in response activities across Ontario public health units
- Allowed for spread of misinformation, and loss of credibility

Figure 5: Key Results - Challenges Summary



Summary of Key Results

Challenge

Impacts

06

Adapting to new technology

- Decreased efficiency when technology malfunctioned
- Generated confusion and training challenges for staff
- Required decision making that was responsive, rather than pre-planned

07

Supporting clients with specialized needs

- Required increased time and resources
- Sometimes delayed access to services
- Ultimately led to improved accessibility of services

08

Working with clients during challenging situations

- Contributed to burnout and negative mental health impacts among staff
- Led to staff being more guarded, impacting quality of service

09

Negative impacts on staff mental health

- Added stress and frustration
- Contributed to burnout and loss of motivation

Figure 5: Key Results - Challenges Summary



Key Results

Challenges

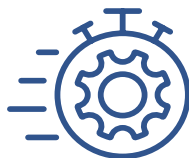
A challenge is a job, duty or situation that is difficult because you must use a lot of effort, determination, and skill in order to be successful (1). Across the organization, LPH staff identified these as the top challenges experienced during the pandemic:

Keeping up with demand



Each team at LPH echoed that keeping up with demand was one of the most challenging aspects of the pandemic. This included demand for COVID-19 vaccines, access to LPH staff to consult or comment, and demand for information. The public and community partners expected 24/7 access to, and service by, public health staff. This resulted in a loss of boundaries and the ability for staff to recharge or take breaks from work. Requests were being fielded both professionally and personally. Staff also felt incapable of taking time off because meetings were scheduled every day, meaning that any time away from work would result in missing out on important information and creating additional work to catch up on when they returned. Specialized positions had limited or no back-ups to provide coverage, and therefore these positions experienced additional pressures. As a result, organizational capacity was strained, and staff reported stress and burnout. This challenge was also ranked as one that the organization had less control over; the magnitude of the COVID-19 pandemic was unprecedented in our lifetime. Due to the uncertainty - and general nature - of an emergency situation, community needs were often urgent. While the amount of demand was difficult to control, staff identified multiple ways that the organization adapted to meet the demand. Some of these strategies included increasing capacity by hiring additional temporary staff, developing the Liaison Team to respond to the large number of inquiries, and streamlining access to information through media briefings, web updates, and regularly scheduled surveillance reports.

Remaining up-to-date with changing guidance



Similar to keeping up with demand, remaining up-to-date with changing guidance was an external stressor. COVID-19 guidance refers to changes to federal regulations, provincial guidance related to case and contact management, outbreak definitions, and lockdown measures, as well as training materials and technical updates on new tools and databases, changes to vaccine eligibility or handling requirements, and more. Guidance documents were frequently updated on a weekly basis, and many did not follow a regular update schedule. Most often, local public health units were not made aware of upcoming changes and learned at the same time as the public, leaving no time to prepare. This made it difficult to confidently relay newly updated information to partners and the public. Furthermore, provincial guidance often changed on Friday afternoons, meaning that working hours had to be amended to answer incoming inquiries and complaints.

Key Results

Adequately staffing and scheduling to match continuously fluctuating demand



Adequate staffing and scheduling was a continuous challenge throughout the pandemic as this needed to match the local demand for public health services. This was a common challenge identified by most teams. Local demand was influenced by numerous factors outside of LPH’s control, including local transmission, vaccine eligibility, delivery, and demand, and changing provincial guidance and regulations. This resulted in client and staff frustration, negative effects on staff mental health (e.g., stress and burnout), negative public perception, and duplication of work. While LPH hired more staff to increase capacity, staffing increases proved insufficient to meet public demand. Staff redeployment and irregular hours (i.e., after hours, weekends, and holidays) also contributed to stress. Further, the lack of notice from the province about upcoming changes such as expanded vaccine eligibility meant that staffing could not easily be adjusted (i.e., time was required to hire and train new staff, and providing surge capacity by reassigning schedules or increasing staff hours created rework). Adequate staffing and scheduling was therefore noted as something that LPH has limited control over due to the aforementioned external factors.

Balancing resources between pandemic response and core programming

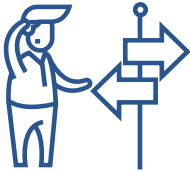


Responding to the urgency of the COVID-19 pandemic was the main priority for LPH. LPH management implemented its business continuity plan to redeploy staff and focus efforts on the pandemic response. This left little capacity for other core programming. The duration of the pandemic response and consequently, the length of time other public health programming remained suspended or scaled back, contributed to frustration among staff, clients, and partner organizations. Some staff tension occurred as a result of changing work priorities (e.g. COVID related work compared to regular programming) and associated demands. LPH also felt pressure from partner organizations to resume core services. The focus on the pandemic contributed to a shadow pandemic where unrelated health issues were not addressed with the suspension of “regular” core services.

Key Results

Managing expectations of the roles and responsibilities of public health

Creating clarity around the roles and responsibilities of public health was a challenge that existed prior to the pandemic. This created additional challenges throughout pandemic response. For example, other organizations and the public had certain perceptions of the work and role of public health. These perceptions did not always align with the mandates of local public health units resulting in misunderstandings that impacted credibility and public trust.



A contributing factor to the lack of clarity of public health’s role, specific to pandemic response, was due to the ambiguity in provincial guidance and legislation. This led to confusion around enforcement responsibilities of different organizations and created misunderstandings about the mandate of public health versus the mandate of other organizations. The ambiguity of the guidance led to differing interpretations of the rules and created confusion and inconsistencies in responses across the public health unit regions. For example, at times mask requirements differed amongst regions. This created confusion and sometimes negatively affected the credibility of the organization. Significant resources were required to educate and explain the differing rules and guidelines. Ultimately, this challenge reinforced the confusion around the understanding of the role of public health in the healthcare system.

Adapting to new technology

While technology facilitated the functioning of a best practice (i.e, new remote work tools), it also proved to be a key challenge. Technology barriers created issues related to misuse of technology (e.g., privacy breaches), staffing factors (e.g., limited training for new staff), technology malfunctioning/unavailability (e.g., remote access limitations), inefficient systems (e.g., fax, paper documents, and associated manual processes) and set-up requirements (e.g., 2-factor authentication). This resulted in decreased efficiency, staff confusion, creation of workarounds to troubleshoot barriers, and staff use of personal devices and accounts. This led to policies, contracts, and decision-making frameworks being created ad-hoc instead of relying on pre-existing procedures and infrastructure to leverage in times of need, which has important legal and IT implications.



Key Results

Supporting clients with specialized needs



Another common challenge across teams was supporting clients with specialized needs, particularly for teams whose work included vaccine or case and contact management elements. Clients with specialized needs/requests required additional support by staff, including additional time and resources. Such accommodations included medical needs at clinics (e.g., mask exemptions and needle anxiety), accessibility (e.g., language barriers and physical accessibility considerations for clinics), technology needs, vaccine documentation requests (e.g., for individuals without a green Ontario health card, or for travel-related purposes with little advance notice). This challenge was noted as something LPH has little control over, however that staff were able to learn how to better support specialized needs as the pandemic evolved as they experienced more of these types of requests.



Working with clients during challenging situations

Challenging situations arose when clients rejected public health guidelines, isolation requirements, or vaccine mandates. This theme was predominantly referenced by teams whose work included vaccine or case and contact management elements. Clients subsequently directed anger and frustration towards LPH staff, negatively impacting staff mental health. This challenge was noted as one that LPH has little control over, however LPH has the ability to prepare for these situations by providing additional training to staff on how to handle these situations.



Negative impacts on staff mental health

Negative impacts on staff mental health was a common theme mentioned by almost every team. These impacts included additional stress, frustration, loss of motivation, and burnout. While negative impact on mental health was not noted as a key challenge directly, mental health was consistently listed as an impact for the top challenges identified by teams. Negative impacts on staff mental health could be proactively addressed by identifying root causes of challenges identified by teams. Staff noted that LPH had varying levels of control over these issues.

Discussion

Strengths



While conducting the debriefing sessions, several strengths were identified. As mentioned, the purpose of the AAR was to evaluate and reflect on LPH’s COVID-19 pandemic response. The WHO adapted the AAR process to relate to public health. The WHO AAR guideline provided a structured review process that helped to ensure rigour was maintained throughout the debriefing process. The debriefing sessions were planned, organized, conducted and evaluated by an AAR dedicated planning team. The planning team was interdisciplinary and included staff from across the organization. This included staff from various service areas as well as staff at different management levels (ranging from front line to upper management). This meant the team had an internal perspective with a ranging knowledge base of LPH pandemic operations. This background knowledge was beneficial when planning the staff debrief sessions as the team was aware of how pandemic response was structured and the responsibilities and expectations at the local public health level. It also allowed the team to tailor debrief session activities based on functions of each area. The facilitators on the AAR team directly engaged with all response teams in order to gain their first hand insight. All staff were provided an opportunity to indicate their interest in participating, the majority of staff who indicated interest were accommodated to participate in at least one AAR debriefing session.

While the main purpose of the AAR was to reflect, and assess to better prepare for ongoing response work and future public health emergencies, it was also an opportunity for staff to come together and unpack the events throughout the pandemic. The AAR debrief sessions provided a space for staff to connect, reflect, and share similar experiences with one another. Staff indicated through an informal AAR evaluation that while the debrief sessions brought up a lot of emotions related to the challenges and frustrations that arose throughout the pandemic, overall it provided some closure and positively contributed to their mental health.

Discussion

Limitations

There were limitations identified throughout the AAR debriefing process. While there were advantages that the AAR team was composed of internal staff, this can also be seen as a limitation. For example, while it was stated during each session that the information shared in the session would remain confidential within the debriefing group, having internal facilitators within the organization presents a potential conflict of interest. Internal facilitation by LPH staff and having supervisors contribute in debrief sessions may have compromised participants' willingness to speak freely. The AAR team worked to mitigate this limitation by offering an anonymous feedback and evaluation form to all participants, where they could provide additional information that was not shared in-session.

Non-response bias is also a potential limitation. Not everyone from each response team participated, thus it is possible that the feedback offered by individuals who chose to participate may significantly differ than that of those who did not. In addition, staff turnover was a limitation of the review. There were several staff who assisted with pandemic response who either retired or left LPH to pursue other opportunities, potentially resulted in some perspectives not being captured. This means that the debriefing sample is only representative of the group of people who chose to participate and that there were some perspectives at LPH that were not included.

Based on the WHO AAR guidance, one day is usually allocated for each debriefing session. However, In order to feasibly conduct debrief sessions with each response team, half-day debriefing sessions were conducted (1). This was due to the limited capacity of staff to participate and the capacity of the AAR planning team. Since staff were busy either continuing to work on COVID-19 response or resuming regular programming, most staff would not have been able to allocate an entire day to the debrief.



Recommendations

The tables that follow identify recommendations based on the key results identified throughout the AAR engagement sessions. The recommendations listed below are not displayed in order of importance. It is important to note that several of the recommendations could be rated in multiple categories (e.g. short term, long term, etc.). Each recommendation was rated based on the best fit possible. The terms identified in the table are described below.

Short-Term: To be achieved within the timeframe of LPH’s current strategic priorities (2022 to 2024).

Long-Term: To be achieved within the timeframe of LPH’s next strategic plan (2025 and on).

Feasibility: Recommendations that are within the organization’s ability to implement, and that do not pose significant financial or capacity barriers are rated as high feasibility. Recommendations that depend on actions outside of LPH or that may incur significant costs are rated as medium feasibility. Recommendations with low feasibility were not made.



Recommendations

01



Prioritize post-pandemic mental health supports for staff

Staff in all sessions discussed the acute and chronic mental health impacts of working in public health during the pandemic, as well as the importance of peer and organizational support

Recommendation	Term	Feasibility
Conduct an updated psychological health and safety assessment (Guarding Minds @ Work (8)).	Short	High
Explore and implement evidence-based workplace mental health interventions (starting with PHO synthesis titled: COVID-19 – Strategies Adaptable from Healthcare to Public Health Settings to Support the Mental Health and Resilience of the Workforce during the COVID-19 Pandemic Recovery (9)) at the organization and management level.	Short	Medium
Support recommendations from the LPH Psychologically Healthy Workplace Group.	Short	Medium
Incorporate regular staff check-ins (individual and team-based).	Short	High
Offer public health mentorship opportunities for staff.	Long	Medium
Create a workplace “buddy system” (10) to build mutually supportive connections and emotional support. While this “buddy system” is crucial during high-stress periods, it is important that this system is well-established before these high-stress periods.	Short	Medium
Offer staff further informal opportunities to talk about the pandemic and provide peer support.	Short	Medium

Recommendations

02



Improve communication and transparency within LPH

Consistent and efficient internal communication was identified as a challenge

Recommendation	Term	Feasibility
Implement regular all-staff meetings to share updates to organizational/administrative information.	Short	High
Explore new methods for rapidly communicating time-sensitive information with multiple teams at the same time.	Long	High
Consider implementing brief, recurring team or project “huddles” to informally share information, problem solve, and foster team connection.	Short	High
Develop a policy or best practice document for use of remote work tools (e.g., specify a single instant message service for the organization).	Short	High
Establish new inter-departmental leadership roles (similar to subject leads during COVID response). Review current organizational structure and existing lead roles (e.g., knowledge broker role) and determine the best way to leverage these roles. Train additional staff to provide coverage when capacity is limited.	Short	High
Develop internal training resources and an established/known process for accessing and utilizing these resources: Assign staff designated time to regularly update user cheat sheets/staff user manuals (e.g., Salesforce programs - CCM & COVax).	Short	High
Promote more transparent decision-making and open communication in order to encourage staff to continue innovating/proposing new ideas.	Short	High

Recommendations

03



Continue to break down organizational silos

Collaborating across service areas during pandemic response was a strength identified in several debrief sessions. It was recommended that this continues in recovery and regular programming.

Recommendation	Term	Feasibility
Do work throughout pandemic recovery in partnership with other services within LPH.	Short	High
Encourage inter-departmental collaborations for projects that complement one another.	Long	High
Provide staff with opportunities and tools (e.g., public health rounds and beyond) to share ongoing projects	Short	High

04



Continue to engage in continuous planning and evaluation with the goal of increasing organization flexibility and effectively adapting to change

It is important to take advantage of our lessons learned and apply them to future pandemic preparedness planning and advancing regular programming

Recommendation	Term	Feasibility
Revise the LPH Emergency Response Plan based on results of local, regional, and provincial reviews. Include short-, medium-, and long-term objectives for different stages of the pandemic response. In addition to scheduling, described below, consider changes in reporting and communication practices, overarching organizational goals, and mental health priorities (e.g., counteracting burnout is more important in later stages while setting boundaries/ expectations is more important in earlier stages), etc.	Short	High
Support and encourage local partner organizations to develop their own pandemic plans to enhance ability to provide a coordinated community response.	Long	Medium
Share LPH AAR findings with other organizations as external COVID-19 response evaluations take place.	Short	High
Implement practices that allow for continuous evaluation of successes and challenges of programming. Act on results of evaluation to evolve and adapt to change.	Long	High

Recommendations

05



Continue to refine scheduling and staffing practices for future pandemic response and when increased capacity is needed for regular programming (e.g., flu clinics)

Scheduling and staffing were common challenges identified through several pillar sessions

Recommendation	Term	Feasibility
Explore new ways to be able to assign more staff to service areas where increased capacity is needed (e.g., how can we efficiently deploy temporary staff on short notice?)	Short	Medium
Create contingency plans for increased staffing needs in various scenarios in advance of future pandemics.	Long	Medium
Document scheduling best practices used for clinics during the pandemic (e.g., a clinic with X number of appointments requires X number of nurses/staff). Include the estimated amount of time required to hire and train new staff.	Short	High
Explore ways to better utilize staff (e.g., dietitians, dental staff, health promoters, etc.) that have the skillset to learn how to support areas where additional capacity is needed (e.g., CCM team).	Short	High

Recommendations

06



Continue to protect physical and mental safety of LPH staff

Staff mostly reported feeling safe and supported by management when implementing boundaries for physical and mental safety. It was identified that this support should continue in future emergencies

Recommendation	Term	Feasibility
Provide clear boundaries that clients must respect (e.g., respectful behaviour), and support staff in holding clients accountable for respecting boundaries.	Short	High
Provide staff with ongoing training related to responding to complex situations. This includes: <ul style="list-style-type: none"> • Training related to improving empathy and supporting specific needs of clients (e.g., trauma-informed care) • Non-violent crisis intervention training: Provide staff with skills to mitigate escalating situations where clients are becoming agitated or violent. 	Short	High
Develop an emergency response plan for the organization to address political/civil unrest, (e.g., public protests, threats, or demonstrations).	Short	High

07



Continue to evolve services to better support Lambton County residents. Support growing the community’s knowledge of local public health.

It was identified that sharing LPH’s role in supporting the community provides more insight to how LPH operates and assists in managing expectations

Recommendation	Term	Feasibility
Capitalize on increased visibility and educate Lambton residents on roles and responsibilities of local public health units.	Long	High
Expand public reporting on program activities and surveillance of chronic and infectious diseases.	Short	High



Recommendations

08



Build on new and existing partnerships

LPH developed strong community partnerships during the pandemic; these relationships should be maintained for delivery of core public health services and be available for future public health emergencies

Recommendation	Term	Feasibility
Develop a formal strategy for building and maintaining relationships between LPH as an organization and community partners (e.g., entering partnership agreements, designating key contacts based on job position).	Long	Medium
Develop partnerships that would enable LPH to borrow skilled professionals from other organizations and County divisions to assist with pandemic response.	Long	Medium
Continue to build on established relationships with provincial ministries. Advocate for improved communication with local public health, especially related to changes in guidance (e.g., advanced notice of updates, consultation on potential changes, designated contacts, etc.).	Long	Medium



Conclusion

Lambton Public Health's AAR was an opportunity to reflect and assess strengths and challenges experienced throughout the pandemic response. The AAR planning committee engaged in team discussions with LPH staff and was able to gain valuable insight on strengths and lessons learned throughout pandemic response. Actionable recommendations for future programming and pandemic preparedness were derived from the results of the debrief sessions. These findings are integral as LPH moves forward and shifts its work from COVID-19 response into recovery.

LPH's AAR planning team appreciates the time and thoughtful discussions that LPH staff contributed to the project. The findings from this report will inform future program and organizational planning and development.



Glossary

After-action Review (AAR)

An after-action review (AAR) is a qualitative or mixed-methods review conducted after the end of an emergency response, with the goal of identifying challenges, best practices, gaps, and lessons learned (1). AARs involve structured facilitated discussions to critically and systematically reflect on shared experiences and perceptions of a response, and work together to identify what worked well, what did not work, why, and areas for improvement (3).

Case and contact management (CCM)

Case investigation and contact tracing, a core disease control measure employed by local public health units, is a strategy for preventing further spread of COVID-19 (11). The Health Protection and Promotion Act requires that each public health unit in Ontario collect information about people with diseases of public health significance (reportable diseases), including COVID-19, in their jurisdiction and report it to the Ministry of Health (MOH) (12). This information is used for local, provincial and national surveillance.

Case management includes a public health unit's initial interaction with a positive case, the investigation to determine how they may have acquired COVID-19, and the identification of all close contacts (12).

Contact tracing is the process of reaching all individuals who have had close contact with someone who has tested positive for COVID-19 during the infectious period (12). Contact tracers inform individuals who are at risk of contracting the virus, provide education and support, and instruct them on appropriate public health measures (E.g., self-isolation, monitoring their symptoms and getting tested) (12).

Fixed-site clinic

A fixed-site clinic is a space where immunizations are administered to clients in a single designated location, and the site remains open for more than one appointment date. The site can accommodate a large number of clients at one time.

Lambton Public Health (LPH)

Lambton Public Health (LPH) is a Public Health Unit in Ontario that serves all residents of Lambton County. LPH provides public health programs, services, and policy development to meet their needs, and to promote the positive health and well-being of our community.

LPH delivers mandated programs and services under the Ontario Public Health Standards and regulated by the Ontario Health Promotion and Protection Act.

Programs include but are not limited to:

- Reproductive, sexual and dental health, healthy babies and child development
- Cancer, heart disease, substance abuse, tobacco use and injury prevention
- Protection from communicable and infectious disease, and environmental risks

Glossary

Ministry of Health (MOH)

The Ministry of Health is a Government of Ontario ministry responsible for coordinating Ontario's health care system (13). It provides funding to the health system and monitors, evaluates, and reports on the health system and health of Ontarians.

Strategic directions and priorities for both health care and public health are determined based on the above. To help achieve this, the ministry develops and enforces legislation, regulations, standards, policies and directives (13).

Mobile vaccine team

A mobile vaccine team provides immunizations to individuals in the community who are experiencing barriers to receiving a vaccine at a fixed-site clinic. The mobile team may provide immunizations at congregate living settings, private homes, remote rural locations, and a wide variety of other locations where individuals encounter barriers to access. The mobile vaccine team is made up of LPH nursing staff, a supervisor, and at times certified professionals from outside organizations (e.g., paramedics).

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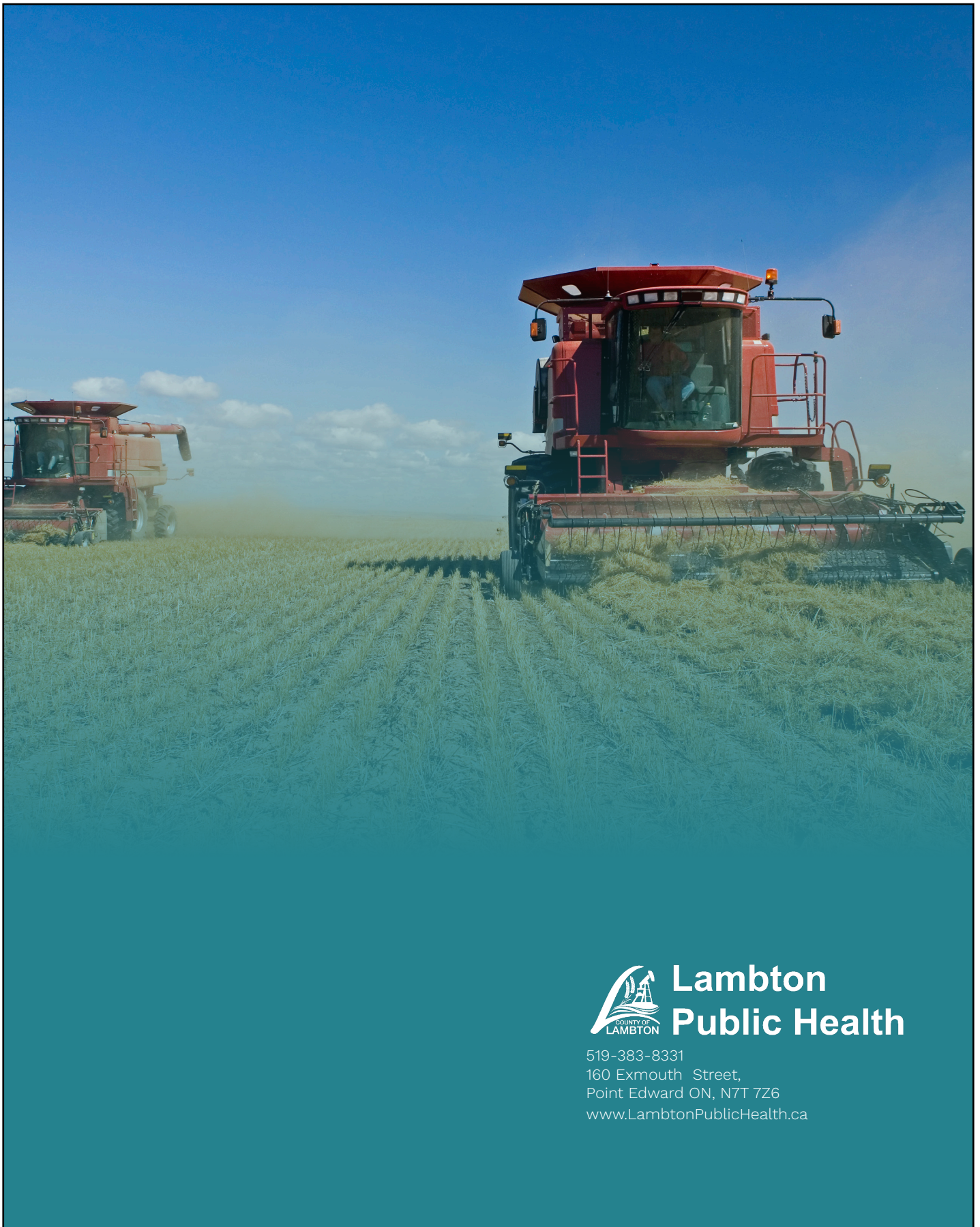
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Appendix

Table 1: Project materials and purpose

Material	Purpose	Audience
Recruitment Questionnaire	Invite staff to participate in the AAR	All LPH staff
AAR Frequently Asked Questions	Provide project information to LPH staff	All LPH staff
Consent Form	Ask participants to consent to audio-recording of sessions, detail storage and security of audio files	Debrief session & key informant interview participants
Slide Deck - Debrief Session	Guide participants and facilitators through exercises	Debrief session participants
Slide Deck - Key Informant Interview	Guide participant and facilitators through exercises & interview questions	Key informant interview participants
Pandemic Timeline	Generate discussion on key pandemic events and when they occurred, refresh participants' memories	Debrief session & key informant interview participants
Qualitative Questionnaire - Non-COVID Critical Public Health Services	Ask participants questions derived from exercises completed in debrief sessions and key informant interviews	LPH staff who engaged in Non-COVID critical public health service work during 2020 or 2021
Thank You Letters	Thank participants for their time, explain next steps, invite to complete confidential feedback form	Debrief session & key informant interview participants
Confidential Feedback Form	Ask participants to evaluate the session, and provide any information they did not share during the debrief session or interview	Debrief session & key informant interview participants
Notes Template	Structured template for detailed notetaking during debrief sessions and key informant interviews	Notetakers and facilitators
Facilitator Script	Provide speaking notes for facilitators to reference as needed	Facilitators
Facilitator Checklist	Ensure facilitators have all required materials at the beginning and end of each debrief session	Facilitators

Please contact LPH-Epi-Eval@county-lambton.on.ca to access project material templates



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PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Michael Gorgey, Manager, Health Promotion Donna Schmidtmeier, Supervisor, Health Promotion
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	Vapour Product Use among Lambton County Youth

BACKGROUND

A continuing priority for Lambton Public Health (LPH) is to address the growing use of vapour products, especially among youth. The 2019 Ontario Student Drug Use and Health Survey reported that youth vapour product use is an emergency public health concern with rates of use among secondary school students in Ontario doubling from 15% in 2013 to 29% in 2017; including students in Southwest Region. Further, a Health Canada report stated that the prevalence of ever vaping among youth 15 to 19 years was 35% in 2020. The impact of isolation during the pandemic decreased self-reported mental health and increased symptoms of depression, anxiety, and the use of substances, including the use of vape products. As a result, schools have identified an alarming increase in the use of vapour products; a significant concern for the health of youth, while also placing schools in continual non-compliance with the *Smoke-Free Ontario Act, 2017* (SFOA).

The SFOA prohibits the use of tobacco, vapour products, and cannabis in enclosed workplaces, public spaces, and some outdoor spaces such as all school property plus a 20m buffer. In addition, vendors are prohibited from selling vapour and tobacco products to youth under the age of 19 years. Lambton Public Health is responsible to enforce the legislation through inspections and following up on complaints.

In addition to enforcement, the provincial tobacco strategy is built on the three (3) other pillars of: cessation, prevention, and protection. Health promotion interventions are developed and implemented in collaboration with community partners including school boards.

The purpose of this report is to provide the Board of Health (County Council) with an update on LPH's activities related to the prevention of vapour products use among Lambton County youth.

DISCUSSION

Prior to the pandemic, LPH was working with various secondary schools to address their significant vape issues. In 2018, LPH received 38 notifications reporting students smoking or vaping on school property. This number increased to 136 notifications in 2019, mostly for vaping, although neither of these statistics fully represents the extent of the problem. Throughout the pandemic, secondary schools appealed for help to address the growing problem and LPH provided 50 presentations to 1,200 grade 9 students, 362 teachers and administrators and attended 10 events to educate parents. To enhance local capacity and increase reach, staff recorded a presentation for use by secondary school teachers.

In 2022, LPH made youth vaping a post pandemic recovery programmatic priority. To support schools in addressing this issue, LPH has provided classroom resources, given presentations to students, and offered resources for follow-up activities led by teachers and parents. Since January 2023, LPH has completed nine presentations at two secondary schools, reaching 400 students. An additional 15 presentations at three secondary schools, engaging 1,000 students, are scheduled to be completed by the end of June. Discussions and pre-presentation evaluations indicate that many youths are unaware of the negative impacts of vaping. However, post-evaluations demonstrate a significant increase in their understanding of the harms associated with these products, as well as a reduced likelihood of initiating their use.

In addition, both the Lambton Kent District School Board (LKDSB) and the St. Clair Catholic District School Board (SCCDSB) have partnered with LPH to pilot "Catch My Breath", a vaping prevention program for grades 7 and 8 that will involve 800 students in eight classrooms by June. To date, fifty SCCDSB Child and Youth Workers and Social Workers have been trained to deliver this program.

We have shared vaping prevention messages with parents and youth through social media and cineplex advertising. These efforts have reached an estimated 16,200 people. We have also attended six sports events, including the Silver Stick Tournament and Sarnia Sting games, and engaged with about 30,000 parents and youth. Our goal is to educate as many people as possible about the risks of vaping and to encourage them to make healthy choices.

Enforcement is another effective tool to address this growing concern. In 2022, 202 vendor inspections to assess compliance for youth access were completed from which 22 warnings were issued resulting in a 90% compliance rate. Since September, 44 warnings have been issued to students for vaping or smoking on school property.

FINANCIAL IMPLICATIONS

All costs associated with enforcement, inspection and health promotion interventions are included in LPH's approved budget, which is cost-share funded 70% provincial and 30% municipal.

CONSULTATIONS


LPH consults with all local partners and stakeholders including the school boards and school administrators and staff of specific schools who are often seeking advice and assistance in interpreting provincial legislation.

STRATEGIC PLAN

The activities addressing vapour product use among Lambton County youth align with the mission, principles, and values identified in the County's strategic plan and support the values of Lambton County as a healthy community. The work is consistent with the strategic priority of Mental Health and Addictions identified by Lambton Public Health.

CONCLUSION

The pandemic created situations of social isolation and disconnectedness; risk factors impacting a person's ability to cope with stressors; including youth. The necessity of consistent enforcement is clear in reminding vendors of their responsibility to not sell vapour or tobacco products to anyone under 19 years. Health Promotion interventions are needed and have a key role in providing evidence-based information to vulnerable populations to assist in preventing the use of vapour products, and to support student's sense of connectedness to their school and larger community.

 <p style="text-align: center;">PUBLIC HEALTH SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Michael Gorgey, Manager, Health Promotion Anita Trusler, Supervisor, Health Promotion
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
SUBJECT	Lambton Drug and Alcohol Strategy – Next Steps for Implementation

BACKGROUND

Substance use and related harms are a significant and complex public health issue that have been further exacerbated by the COVID-19 pandemic. Launching Lambton’s Drug and Alcohol Strategy (LDAS) is an important next step in the continued work of becoming a community safer from the harms of substance use.

Staff last updated Council through the August 18, 2021, Committee A.M. meeting report: *Next steps for the Drug and Alcohol Strategy for Lambton County*. The purpose of this report is to provide County Council with an update on the progress of the local Strategy. Through this report, staff are also seeking Council’s endorsement and support to transition the Strategy from development into implementation and evaluation.

DISCUSSION

Lambton Public Health (LPH) began its transition out of COVID-19 emergency response on June 1, 2022, resuming focus on priority areas, including work to support mental health and addictions. Staff immediately set out to complete an updated situational assessment with community partners to understand the impacts of the pandemic on opioid use and document current programs and services that are operating to help inform the final development of our local Drug and Alcohol Strategy. Consistent with the recommendations published in the [Drugs and Alcohol Research Report \(2019\)](#), partners confirmed that as we move forward to address the harms related to substance use, we need to prioritize the following:

- Supporting Individuals Basic Needs (i.e., Utilizing a Determinants of Health Perspective)

- Communication & Collaboration Among Partners to Support a Client Centred Approach
- The Development of a Comprehensive Referral Pathway
- Engaging Individuals with Lived/Living Experience as Experts

The Lambton Drug and Alcohol Strategy Steering Committee reconvened on December 1, 2022, to review a revised draft of the Lambton Drug and Alcohol Strategy (Appendix A) informed by the situational assessment and advise on next steps for endorsing the Strategy. Important discussion focused on meaningful engagement with people with lived/living experience and opportunities to share local data. The Committee met again on January 23, 2023, where consensus was achieved by all partners involved in strategy development to:

- a) have their organization's name included in the document; and
- b) commit to participating in at least one action table to move the recommended action items forward.

Following this meeting, LPH staff lead the development of five implementation action tables; three to develop and implement work plans to address each pillar, an advisory table to develop recommendations for engaging people with lived/living experience and their families to participate in the prioritization and implementation of priorities, and a Data and Reporting advisory table to develop performance metrics and reporting recommendations. The commitment to consultation with First Nations is a priority and LPH has completed consultations with Aamjiwnaang First Nation and plans are in place for engaging with Kettle and Stoney Point First Nation and Walpole Island.

Upon endorsement, the LDAS implementation timeline will proceed as follows:

- 1) Social media campaign and website (www.LambtonDAS.ca) launch – April 5
- 2) News conference – April 12
- 3) Demand/Harm/Supply Reduction Action Table Meetings – April
- 4) Lived experience engagement advisory table meeting – May
- 5) Steering Committee Meeting – June
- 6) Prioritization/Work Plan development and evaluation planning - Ongoing

FINANCIAL IMPLICATIONS

All costs associated with LPH's role in the development of the County's Drug and Alcohol Strategy are cost-share funded 70% provincial and 30% municipal, as approved in the 2023 Lambton Public Health Budget.

CONSULTATIONS

The Lambton Drug and Alcohol Strategy was developed in consultation with individuals with lived experience, their loved ones, community members, and key community stakeholders.

Steering Committee partners include Aamjiwnaang First Nation, Bluewater Health, Bluewater Methadone Clinic, Canadian Mental Health Association Lambton-Kent, County of Lambton EMS and Social Planning, Lambton Kent District School Board, North Lambton Community Health Centre, Ontario Health West, Ontario Provincial Police (Lambton), Rapids Family Health Team, Sarnia Police Service, Sarnia-Lambton Children's Aid Society, Sarnia-Lambton Rebound, St. Clair Catholic District School Board, The Inn of the Good Shepherd and Walpole Island First Nation.

STRATEGIC PLAN

The County of Lambton Strategic Plan speaks to the value and importance of a healthy community, which encourages each resident to be an active member and to contribute to the community's well-being and future.

CONCLUSION

The Lambton Drug and Alcohol Strategy is a blueprint for community action to reduce the harms of drug and alcohol use. To transition the work of the Strategy, meaningful actions must align with the guiding principles of being collaborative, actionable, governable, and measurable, all while serving the residents of Lambton County. Next steps are to seek a commitment from local government, community organizations, and First Nations partners to support an implementation plan that is transparent to the community.

RECOMMENDATION

That County Council approve the attached Lambton Drug and Alcohol Strategy for 2022-2023, and direct staff to work collaboratively with community stakeholders to pursue the implementation and evaluation of same.

Appendix A

Lambton Drug & Alcohol Strategy

2023 - 2033

On behalf of:
The Lambton Drug and Alcohol
Strategy Steering Committee



Lambton
DRUG & ALCOHOL STRATEGY



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Acknowledgments

The creation of the Lambton Drug and Alcohol Strategy was a collaborative effort. We would like to thank all who participated in the public consultations that informed the strategy, including individuals with lived experience, their loved ones, community members, and key community partners. The Strategy could not have been created without these unique community perspectives.

Steering Committee

- [Aamjiwnaang First Nation](#)
- [Bluewater Health](#)
- [Bluewater Methadone Clinic](#)
- [Canadian Mental Health Association - Lambton-Kent](#)
- [Chippewas of Kettle & Stony Point First Nation](#)
- [Emergency Medical Services, County of Lambton](#)
- [Lambton Kent District School Board](#)
- [Lambton Public Health](#)
- [North Lambton Community Health Centre](#)
- [Ontario Health West](#)
- [Ontario Provincial Police - Lambton](#)
- [Rapids Family Health Team](#)
- [Sarnia Police Service](#)
- [Sarnia-Lambton Children's Aid Society](#)
- [Sarnia-Lambton Rebound](#)
- [Social Services, County of Lambton](#)
- [St. Clair Catholic District School Board](#)
- [St. Clair Child and Youth Services](#)
- [The Inn of the Good Shepherd](#)
- [Walpole Island First Nation](#)



Land Acknowledgment

We acknowledge that the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg, inhabited these lands at the time of transfer to the Crown by treaty. Lambton County was part of the Huron Tract Purchase, which was transferred under Treaty #29 in 1827, and also includes lands associated with the Sombra Township Purchase transferred under Treaty #7 in 1796, and Long Woods Purchase transferred under Treaty #21 in 1819. We also acknowledge the earlier Indigenous people who travelled these lands in the time of the Wampum treaties.

We acknowledge that we are all treaty people, with our own set of rights and responsibilities. Treaties are a foundational part of our society, and the settlement of Lambton County within a treaty area was made possible through the treaty process. The existence of treaties is proof that the first settlers of what is now Canada acknowledged First Nations as sovereign people and negotiated Nation to Nation. By understanding the colonial history of Canada, we can renew our relationships with each other and move towards meaningful reconciliation.

Further, 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. Today, we are part of this same land that sustains all life, and it is the sacred responsibility of all people to ensure that the environment remains protected. Finally, we acknowledge that the inherent languages of the Anishinaabeg preclude any English/French meaning.



Executive Message



Like many communities throughout the province, Lambton County is facing a complex issue that will take collaboration and partnership to respond to. The Lambton Drug and Alcohol Strategy is the start of a 10-year roadmap to strategically tackling the addictions crisis we are facing.

Informed by those with lived experience, their loved ones, and the individuals and organizations who work in the harm, demand, and supply reduction fields, this strategy brings together more than 20 partner agencies to find local solutions to the issues within our communities.

When Lambton County launched its Community Safety and Well-Being plan in 2022, the impacts of Mental Health and Addictions on our community were identified and prioritized as being key to the safety and well-being of our residents.

This collaborative approach will be key to ensuring our resources are placed where they are most needed and can have the greatest impact, and I look forward to the continued work of the Steering Committee and its implementation teams.

Kevin Marriott
Warden, County of Lambton



Substance use and the increasingly toxic unregulated drug supply present a critical and significant public health concern, across Canada and in Lambton County. Our community's experiences of this crisis are embedded within a complex system that has contributed to the current state, with potential solutions often beyond the level of influence of the individual.

As detailed within this Lambton Drug and Alcohol Strategy, the response to this issue requires the efforts of many to fit the needs of our community. Lambton Public Health joins with all the Steering Committee members to support and commit to this evidence-informed, pillared approach.

The strategy is fit to suit local needs, which has utilized community assessment and public consultations within Lambton County to develop the approach, and fundamentally included people with lived experience of substance use, along with their loved ones.

This holistic approach, set to work on multiple levels including with individuals, within local spaces and settings, and influencing key policies, will move us towards healthy, safe, and resilient communities.

Dr. Karalyn Dueck
Medical Officer of Health, County of Lambton

Partner Endorsements

Bluewater Methadone Clinic

The team at Bluewater Methadone Clinic and Bluewater RAAM Clinic believe that the cooperative effort in developing the Lambton Drug and Alcohol Strategy will benefit our community and we are very happy to be a part of it.

County of Lambton Social Services Division

Addressing homelessness and housing precarity in our community necessitates many of the cross-sectoral collaborations described in the Drug and Alcohol Strategy. Just as an individual is not defined by an experience of homelessness, an individual is not defined by a substance use disorder. Housing is a fundamental social determinant of health, and to make significant progress towards ensuring everyone in Lambton County has a home, our community must commit to employing evidence-informed practices including Housing First and harm reduction.

Lambton OPP

The use of illicit drugs has a significant impact on property crimes, crimes against people and victimizes many, including the substance user themselves. Lambton OPP is committed to partnering with the community to lessen these impacts.

Lambton Kent District School Board

The Lambton Kent District School Board sees great value in our continued collaboration with community partners involved in the Lambton Drug and Alcohol Strategy. As a school board with 22,000 students and 62 school sites, the evidence-based approaches are valuable in supporting all students, families and communities. The Lambton Kent District School Board is proud to be a key partner in sustaining healthy communities through education and is thankful to be part of a countywide focus.



Partner Endorsements

North Lambton Community Health Centre

The North Lambton Community Health Centre supports the Lambton Drug and Alcohol Strategy in its plan to work within a harm reduction framework to act as facilitators, working with clients to achieve small goals and build confidence. With new confidence often comes expanded capacity for meaningful change and growth. Harm Reduction centered care works with clients to identify goals that contribute to their wellness journey – whatever that journey looks like for them.

Harm reduction goes far beyond needle syringe services; it acknowledges a person as much more than their experience of substance use; harm reduction says “We see you. How can we help?”

Sarnia Police Service

The Lambton Drug and Alcohol Strategy, is one that is supported by the Sarnia Police Service as part of our shared commitment to be a safe and healthier community. It builds on a strong history of partnering with community agencies and social service providers, and positions Lambton County and the City of Sarnia to be at the forefront of emerging trends that impact community safety and well-being.

St. Clair Catholic District School Board

The St. Clair Catholic District School Board is proud to be a member of the Lambton Drug and Alcohol Steering Committee, which supports prevention through mental health promotion in schools, educating students on the short- and long-term consequences on wellbeing from substance use and related harms.



Introduction

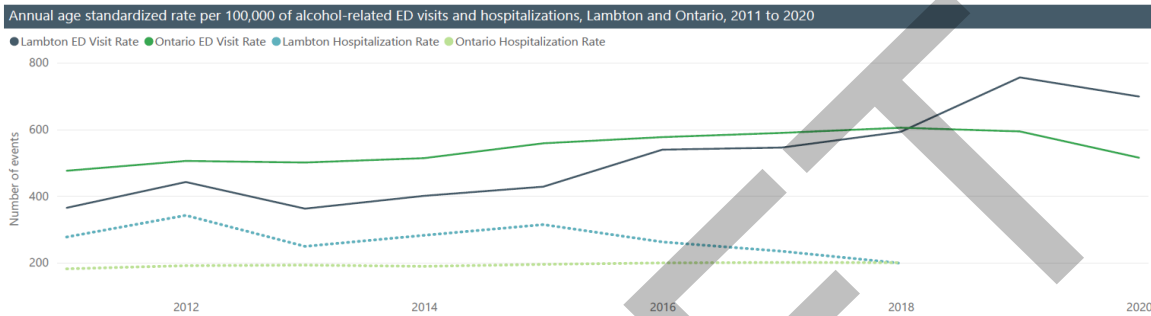
Lambton County, located along the southern edge of Lake Huron, is bordered by the St. Clair River, The Municipality of Chatham-Kent, as well as both Middlesex and Huron Counties. The region has many beautiful beaches, parks and trails making it an attractive place to live, work and play. Home to approximately 128,000 residents¹, Lambton County is made up of 11 municipalities and three First Nations with residents dispersed across a combination of rural and urban communities. Lambton’s unique demographics and characteristics play an important role in understanding substance use across the County.

Substance use and related harms are a significant and complex public health issue across Ontario that was only further exacerbated by the COVID-19 pandemic. Often biological, psychological, and social factors, usually in combination, can contribute to an individual’s pattern of substance use.² Risk factors to problematic substance use can include, but are not limited to, a family history of mental health and addiction, adverse childhood experiences, previous experiences of trauma, availability and access to support services, as well as the factors associated with the determinants of health.²



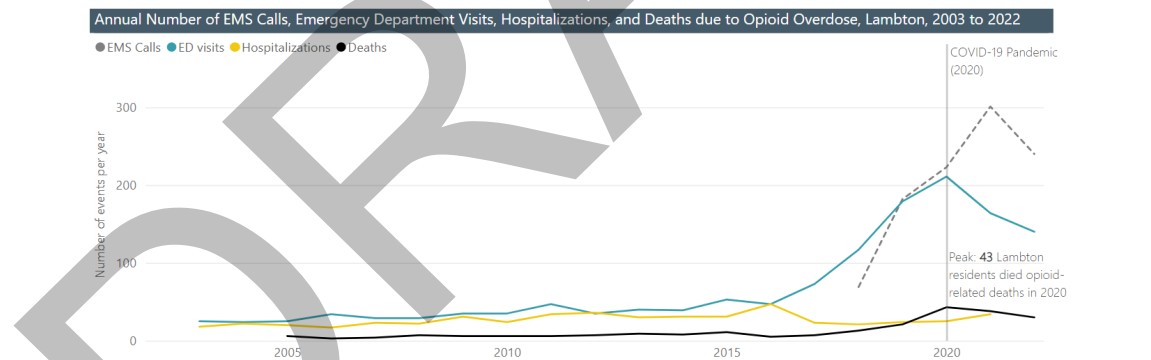
Even prior to the beginning of the pandemic in 2020, Lambton County and Ontario have observed an upward trend in substance-related harms resulting in both fatal and non-fatal outcomes.^{8,9} This increase has been attributed to the unpredictable and unregulated drug supply, reduced access to health services, as well as the limited availability of community-based programs and increased feelings of social isolation, stress, and anxiety.^{8,9}

Alcohol



Since 2011, the rate of alcohol-related ED visits in Lambton has increased, surpassing the Ontario rate in 2019 and 2020. In 2020, there were 698 alcohol-related ED visits per 100,000 population among Lambton residents, compared to 515 visits per 100,000 for Ontario. Conversely, the local rate of alcohol-related hospitalizations has declined to equal the Ontario rate in 2018. Data on alcohol-related hospitalizations is not yet available for 2019 and 2020.

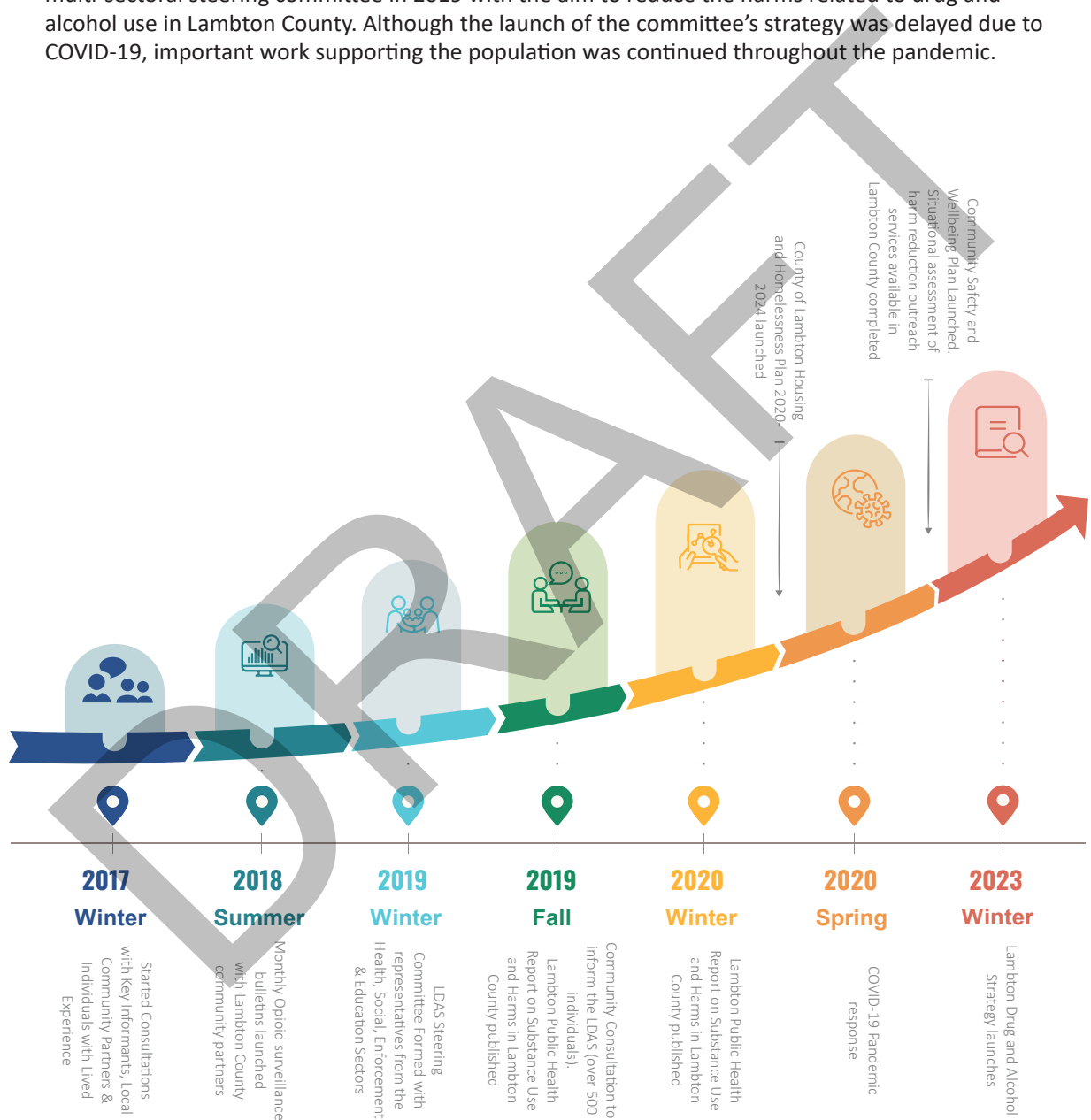
Opioid



The monthly number of opioid overdose-related calls to Lambton Emergency Medical Services (EMS) has increased steadily since 2018 when monitoring began. In 2018, EMS received an average of 6 calls for opioid overdose per month; by 2021, EMS received an average of 25 calls per month, representing a 4-times increase. The monthly number of opioid overdose-related emergency department (ED) visits in Lambton has generally been comparable to the number of EMS calls, however, since February of 2021 the number of EMS calls has exceeded the number of ED visits. The annual number of opioid-related deaths have also increased dramatically over this time period. In 2018, 13 Lambton residents died of opioid-related deaths, and by 2020 annual deaths had tripled to 43. While counts in more recent years have decreased (38 and 30 deaths in 2021 and 2022, respectively), this data is considered preliminary and counts still greatly exceed those observed prior to the COVID-19 pandemic.

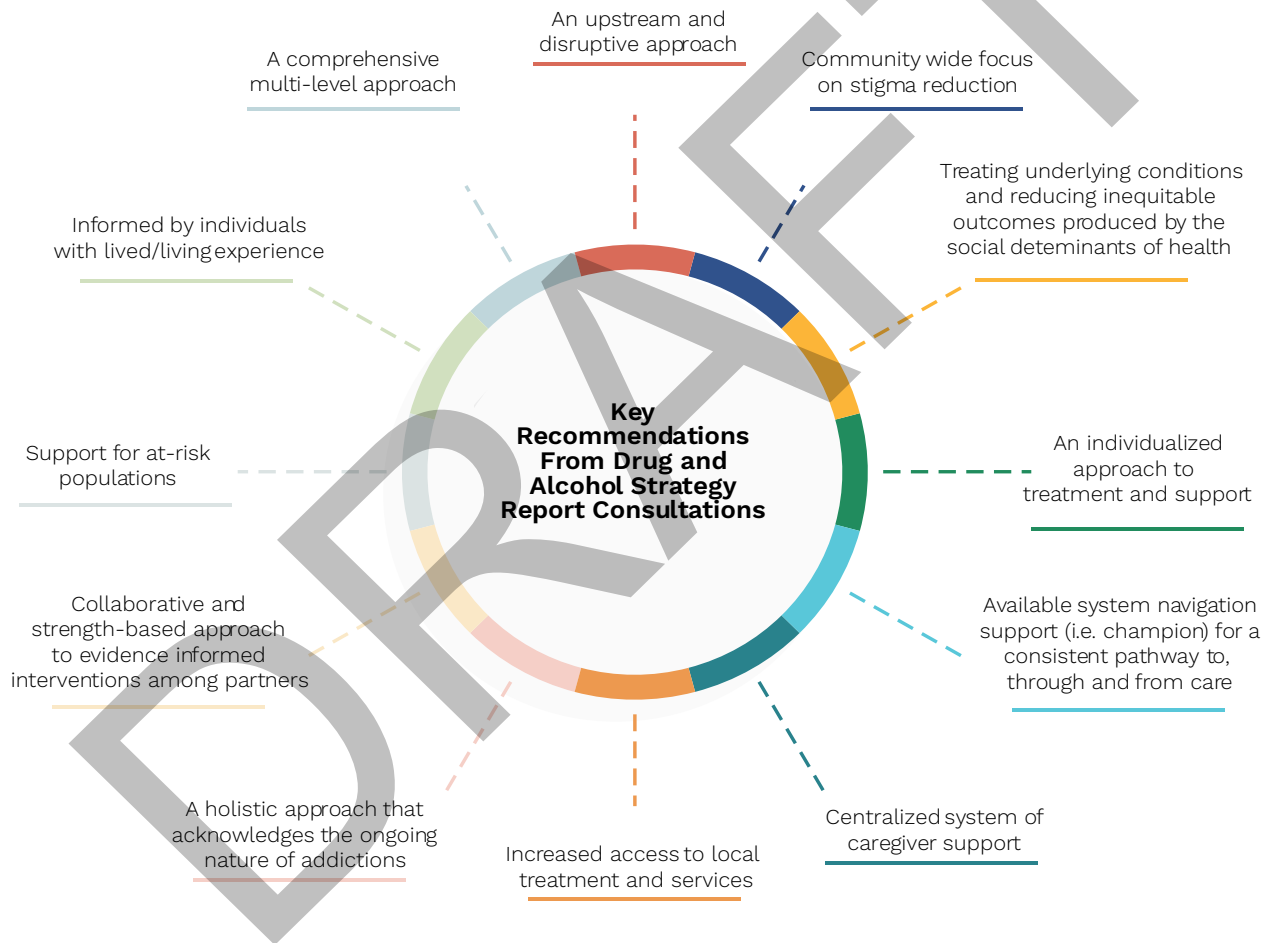
Lambton Drug and Alcohol Strategy Key Development Milestones

The need for a coordinated response across the health and social service sectors as well as collaboration with local enforcement officers, educators, and the community brought together a multi-sectoral steering committee in 2019 with the aim to reduce the harms related to drug and alcohol use in Lambton County. Although the launch of the committee's strategy was delayed due to COVID-19, important work supporting the population was continued throughout the pandemic.



Key Recommendations

In consultation with Ipsos Public Affairs, several interviews were conducted with key informants from other community jurisdictions, local community partners, and individuals with lived experience and their family members to inform the development of a County-wide strategy. Recommendations from the consultation period have been adapted and are displayed below. For a detailed report on the results of the consultation process please refer to the [Drugs and Alcohol Strategy Research Report \(2019\)](#) and for more information on the impact of substance use in Lambton County, see the [Report on Substance Use and Harms in Lambton County \(2019\)](#).



Throughout the summer of 2022, a situational assessment was conducted with community partners to understand the current programs and services that are operating within a harm reduction model to help inform the final development of a Drug and Alcohol strategy. Consistent with the recommendations published in 2019, partners indicated that as we move forward to address the harms related to substance use, we need to prioritize the following:

Supporting Individuals Basic Needs (i.e., Utilizing a Determinants of Health Perspective)

Communication & Collaboration Among Partners to Support a Client Centred Approach

The Development of a Comprehensive Referral Pathway

Engaging Individuals with Lived/Living Experience as Experts





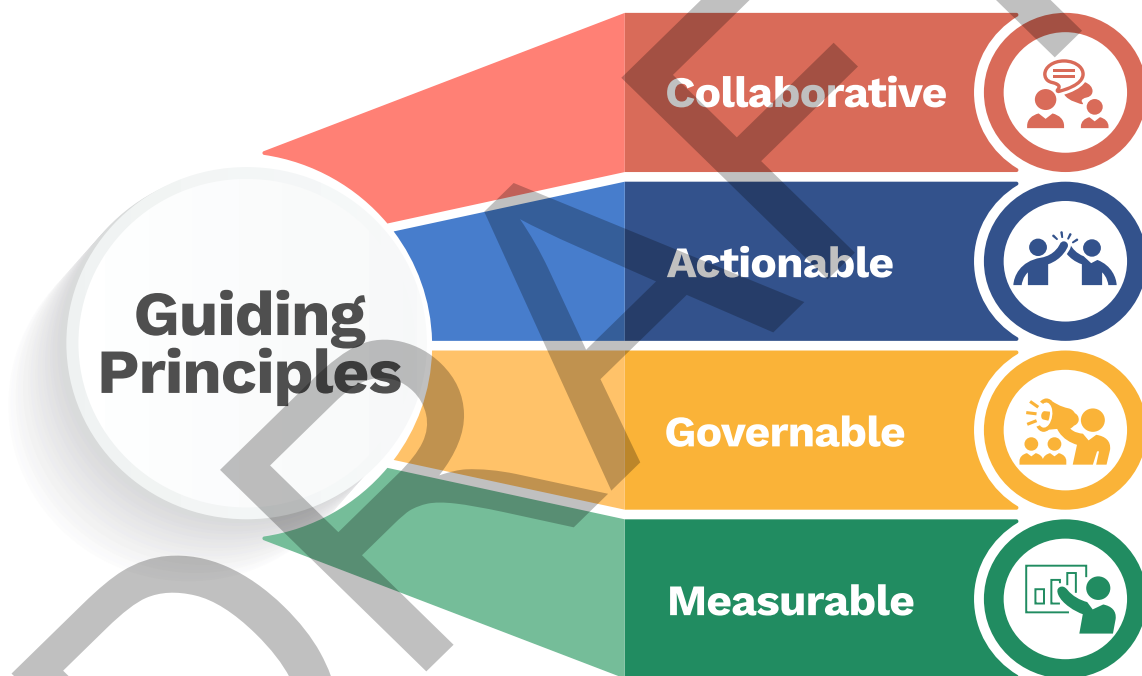
Vision

A flourishing community,
working together to prevent and
reduce the harms of drug and
alcohol misuse.

Guiding Principles

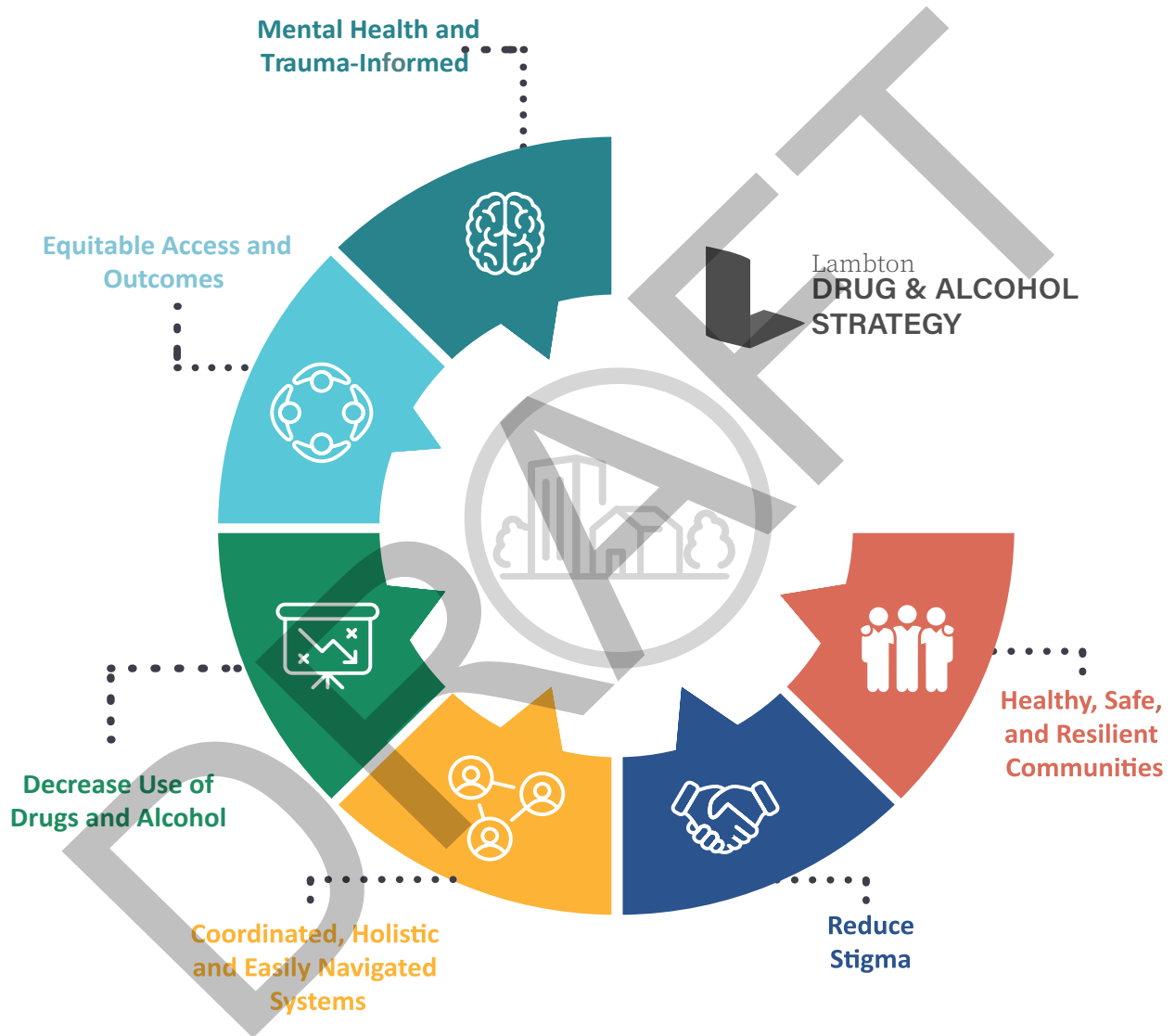
To achieve our vision, the Strategy calls on a broad range of community partners working through collaboration and directly informed by people with lived experience of substance use and their loved ones. Grounded in health equity, the Strategy will employ actions that are locally relevant, strengths-based, upstream, innovative and/or disruptive of the status quo, evidence-informed, and inclusive of people who use drugs and/or alcohol and their loved ones.

The Strategy's activities are:



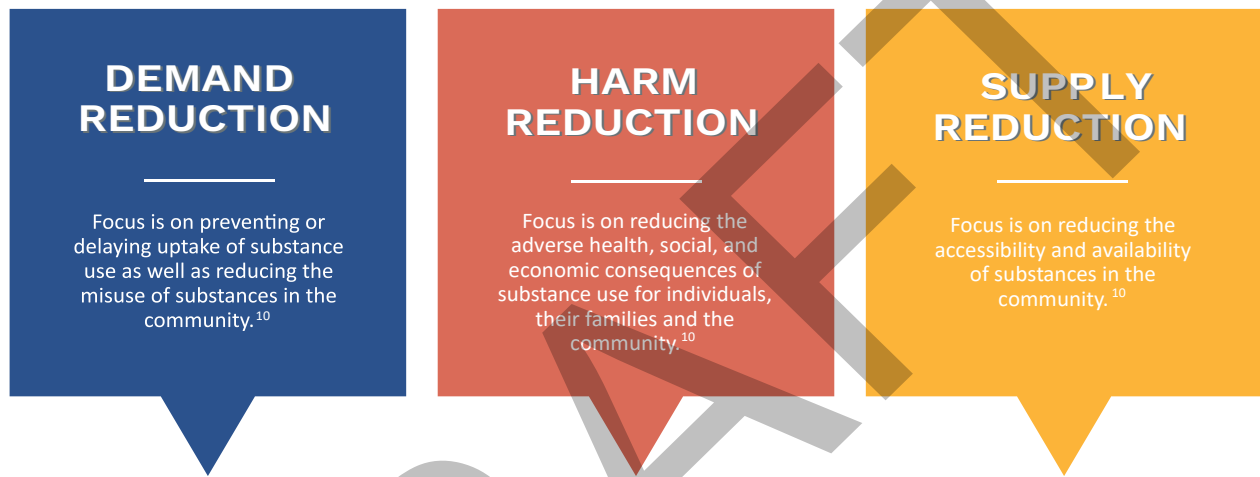
and will be accountable to the residents of Lambton County

Strategic Priorities



The Pillar Approach

Consultations identified that Lambton County needs an approach that focuses on limiting the harms of current use, while curbing the reasons people use in the first place. Therefore, a pillar approach has been used to develop and structure Lambton’s Drug and Alcohol Strategy. Based on evidence from [Australia’s National Drug Strategy](#) and consultation with the steering committee, the strategy will integrate prevention, treatment, enforcement, and harm reduction interventions into three pillars.



In order to build a community that works together to reduce the harms of substance misuse, the Strategy will act on multiple levels:



People: Supporting and educating individuals, loved ones and community partners



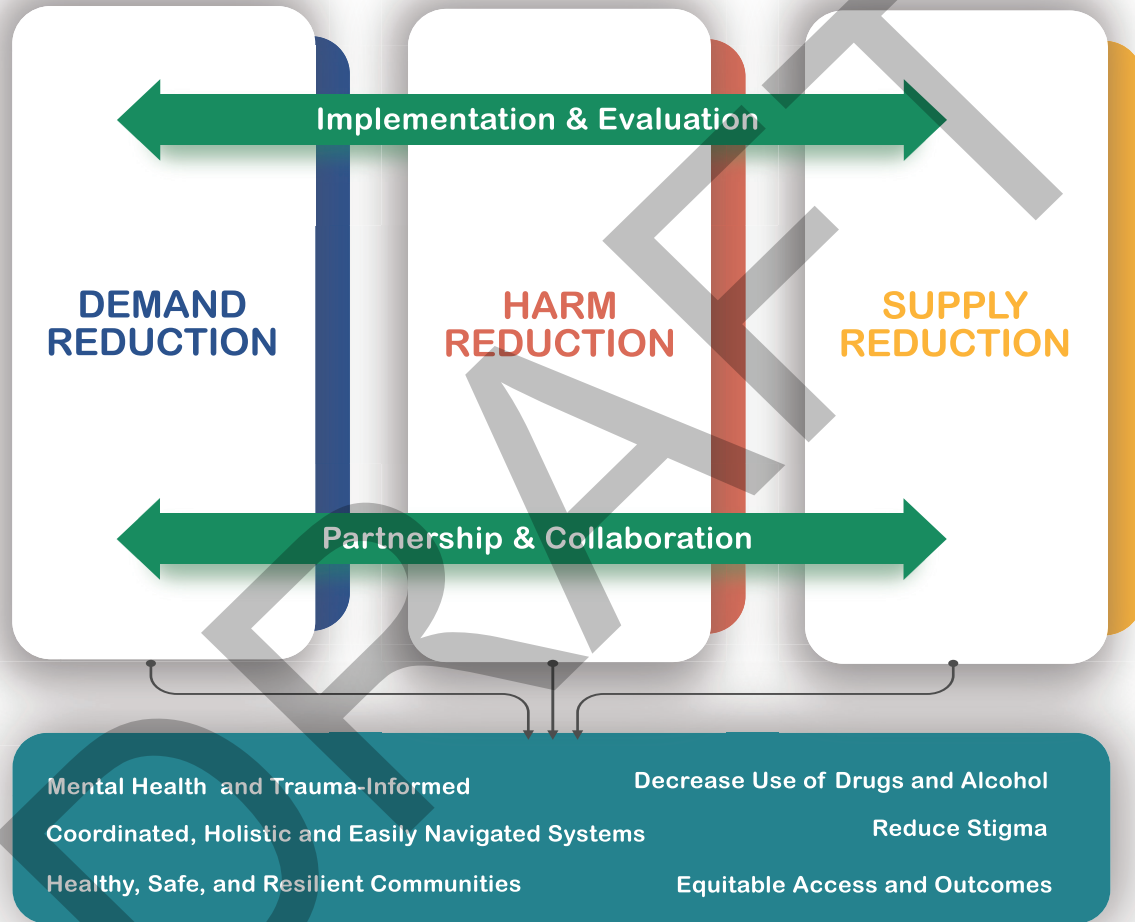
Places: Creating safe and welcoming spaces while building capacity within community settings



Policy: Supporting and educating individuals, loved ones and community partners

A collaborative approach is required to address the root causes of problematic substance use. Individuals need a supportive system that considers socioeconomic status, housing availability and accessibility, support to raise healthy families, accessible mental health care, regulated substance supply, and focuses on restoring our community from the legacies of colonization and discrimination. Consequently, each pillar breaks down the objectives into a people, places, and policies lens to demonstrate a multilevel approach.

Lambton
DRUG & ALCOHOL STRATEGY



Lambton Drug & Alcohol Strategy Model (2023-2033)

DEMAND REDUCTION

GOAL: Improve the community conditions that promote resilience and support healthier alternatives to substance use.

2023 - 2033 OBJECTIVES

1. Increase access to positive alternatives to substance use for youth across Lambton County.
2. Increase access to safe, affordable housing.
3. Increase opportunities for early identification of problematic substance use and related behaviours.
4. Increase awareness of the risks of substance use; educate the community on substance use trends.
5. Promote protective factors and mitigate risk factors for problematic substance use later in life.

How this will be achieved:

PEOPLE	PLACES	POLICIES
<ul style="list-style-type: none"> • Engage youth to develop programming as a positive alternative to substance use (1) • Inform children, youth, and families about the risks of legal and illegal substances (3) • Develop a culturally relevant strategy to denormalize substance use (4) • Implement programs to increase social connectedness among all residents (5) • Reduce and mitigate impact of harmful childhood experiences that have the potential to lead to substance misuse (5) • Increase accessibility of safe, affordable housing (2) • Carry out Truth and Reconciliation Commission recommendations to support Indigenous-led activities to reduce substance misuse (5) 	<ul style="list-style-type: none"> • Develop youth hubs in all communities (1) • Provide evidence-based curriculum linked programs in schools to raise awareness, de-normalize substance use and increase resilience (4) • Create and preserve community spaces for activities for children and youth (1) • Promote peer support models to enhance social connectedness in youth (5) • Develop early identification and screening strategies in schools (3) • Increase capacity across service providers for early identification and prevention. (3) • Ensure workplaces can recognize and support staff experiencing substance use problems/concerns (3) 	<ul style="list-style-type: none"> • Advocate for restrictive marketing legislation (4) • Advocate for policies that address the social determinants of health such as basic income guarantee, housing first (2) • Develop organizational policies to allow for effective communication between agencies to intervene early with families at risk (3) • Implement local, regular surveillance of youth substance use (4) • Prioritize local funding to subsidize children and youth activities (1) • Advocate for increased provincial funding for social emotional learning/mental health promotion programs (5)

Note: Numbers in parentheses reflect objectives listed above



Among parents with kids 14 and older, **45%** said they were concerned about drug and alcohol use and **37%** about smoking cigarettes or vaping e-cigarettes¹⁰

[My child] has mental health issues in terms of high anxiety and depression and that... Whether one has started or caused or made the other worse is I think one of the challenges. The more he has anxiety, the more challenges, the more drugs he uses to self-medicate, which has made his mental health deteriorate sort of thing.
- Parent¹¹

53% of Ontarians say they are experiencing increased mental health and/or addictions challenges as a result of the pandemic⁴

HARM REDUCTION

GOAL: Reduce the negative consequences of problematic substance use.

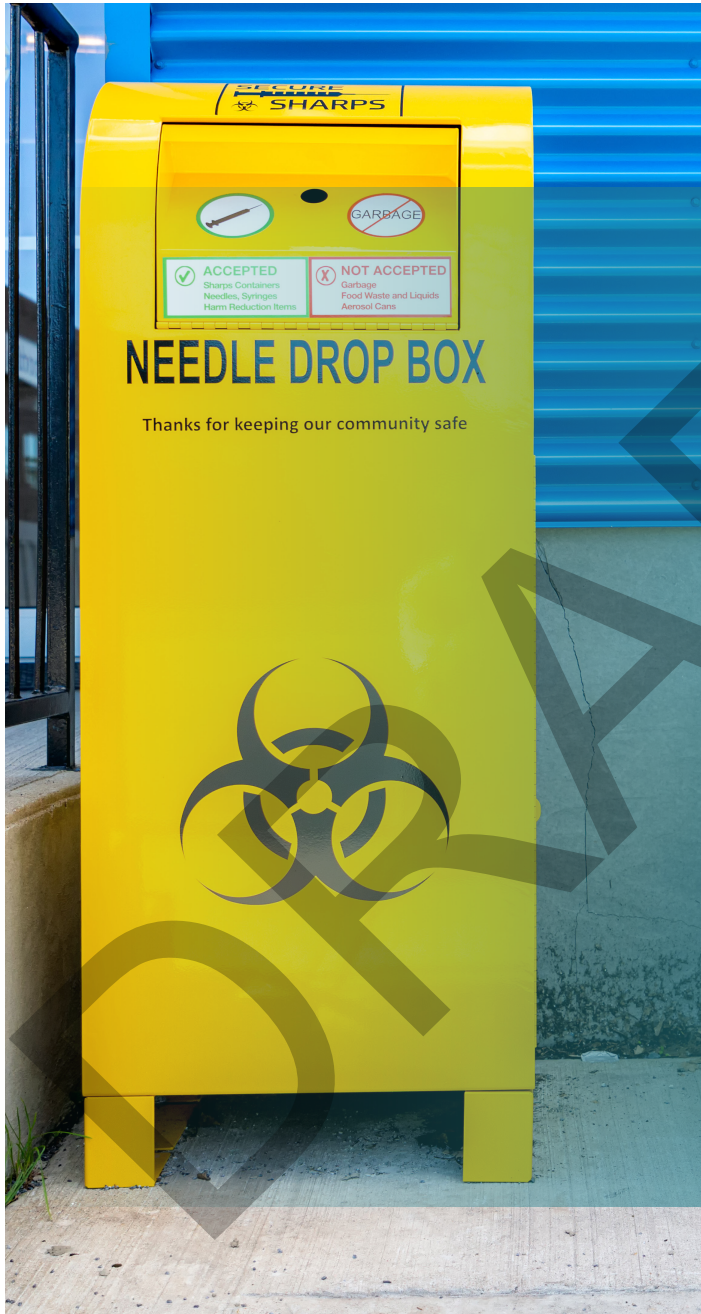
2023 - 2033 OBJECTIVES

1. Increase understanding of harm reduction and its impact.
2. Reduce institutional and community stigma against people who use drugs or alcohol.
3. Increase access to the continuum of services and wrap around client care for people who use drugs and their loved ones.
4. Engage people who use drugs and alcohol and their loved ones more often in service development and delivery.
5. Improve transitions to, through, and from care.

How this will be achieved:

PEOPLE	PLACES	POLICIES
<ul style="list-style-type: none"> • Inform people who use drugs how to reduce harm associated with alcohol, cannabis, and other drugs and medications (1) • Increase community capacity to understand and empathize with a harm reduction approach (1) • Adopt one community screening tool for identifying problematic substance use (5) • Improve community service providers knowledge about harm reduction and treatment services available in the community (No wrong door) (1/3) • Investigate alternative treatment modalities (3) • Engage people who use drugs in the development of programs and services (4) • Develop peer support network for both people using/have used drugs AND families and caregivers (4) • Centralized system of supports for families and loved ones of people who use substances (4) 	<ul style="list-style-type: none"> • Foster a community where addictions and mental health are understood as health concerns (2) • Educate healthcare and service providers on the nature of addiction and benefits of the harm reduction approach to care (2) • Easier access to and availability of harm reduction and treatment services in both urban and rural areas (3) • Develop a community needle recovery strategy for Lambton County (3) • Ensure availability of transitional housing between withdrawal management and residential treatment (5) • Ensure traditional service options are available (5) 	<ul style="list-style-type: none"> • Create local organizational policies that reduce systemic barriers to accessing treatment and harm reduction services (2) • Include people and organizations in treatment planning that the individual chooses (i.e., expand circle of care to include non-traditional partners where desired) (4) • Increase funding for harm reduction services (3) • Develop and invest in a full continuum of housing supports and a housing first model (3) • Leverage technology such as electronic medical records and telemedicine to improve care coordination and access (3) • Advocate for local residential treatment options including transitional housing supports (3) • Emphasize relationship-building and a more holistic approach to services (3) • Develop a shared referral pathway to connect individuals to available supports (5)

Note: Numbers in parentheses reflect objectives listed above



3807

Naloxone Kits distributed by Community Partners in 2021

The accessibility of Harm Reduction services is extremely important in a substance users' journey. Services are created and driven by the client in a way that is nonjudgmental and supported by workers who are kind and compassionate. While everyone's goals are different, harm reduction services help individuals to reduce the barriers of substance use and meet each client where they are at. Harm Reduction saves lives, like mine.
- Service User

7 Needle Disposal Bins across Lambton County

SUPPLY REDUCTION

GOAL: Access to substance is limited, regulated, and responsible.

2023 - 2033 OBJECTIVES

1. Decrease youth access to substances.
2. Increase access to safer alternatives.
3. Increase the capacity of enforcement officers and community policing to promote safe communities.
4. Reduce opportunities for harmful consumption of drugs or alcohol.

How this will be achieved:

PEOPLE	PLACES	POLICIES
<ul style="list-style-type: none"> • Promote positive role-modelling by parents, caregivers and trusted adults regarding substance use and coping strategies (1) • Increase services for pain management (2) • Increase access to treatment for addictions (2) • Reduce availability of substances in the home including pharmaceuticals and alcohol (1) 	<ul style="list-style-type: none"> • Encourage Smart Serve Certification and other harm reduction strategies by staff (and patrons) of licensed locations (4) • Foster safe neighbourhoods that have limited access to legal and illegal substances through the development of a community safety and well-being strategy (3) • Youth and community outreach by local enforcement officers. (3) • The provision of harm reduction services and treatment during incarceration. (3) • Increase access to safe and supportive housing (4) 	<ul style="list-style-type: none"> • Community and provincial policies reduce availability and accessibility of retail locations (4) • Local policies in place that allow for safer substance use and moderation (1) • Community-based crime prevention (3) • Promote policies that strictly regulate Tailgating at sporting and other local events (4) • Develop and implement a court diversion program and/or drug court. (3) • Develop a strategy for safer prescribing of opioids and improved access to addictions therapy (2)

Note: Numbers in parentheses reflect objectives listed above



274

Police reported incidents
related to drugs and/or alcohol
in 2020¹²

*Since 2019, Lambton
OPP has experienced an
increase of 11% per year
in drug investigations
and 25% in overdose
occurrences. We will
continue to provide
community education on
the dangers of illicit drug
consumption through our
School Resource Officer
Program in an effort to
reduce demand, while
continuing enforcement
efforts to reduce supply.
We are committed to
working collaboratively
with our community
partners in an effort
to keep all of Lambton
County safe.
- Lambton OPP*



Next Steps

The Lambton Drug and Alcohol Strategy is merely a blueprint for community action to reduce the harms of drug and alcohol use. In order to transition the work of the Strategy, meaningful actions must align with the guiding principles of being collaborative, actionable, governable, and measurable, all while serving the residents of Lambton County. Next steps include:



Seek a commitment from local government, community organizations, and First Nations partners to support an implementation plan that is transparent to community members.



Align with priority recommendations in existing community strategies including the Community Safety and Well-Being Plan (2022-2025) and the County of Lambton Housing and Homeless Plan (2020-2024) in order to identify shared goals and efficiencies.



Research and employ innovative, upstream, and evidence-based approaches, including promising practices and traditional ways of knowing.



Connect with provincial and national networks, such as The Drug Strategy Network of Ontario to share knowledge and align our focus on improving community safety while decreasing costs and harms incurred by the current response to the drug poisoning crisis.



Provide transparency through the development and implementation of an evaluation plan and report progress back to the community in a timely manner. A draft logic model to aid in the plan's development is in Appendix A.



Next Steps

Lambton residents passionate about reducing the harms from substance use have not been idle during the development of the Strategy. The tireless and necessary work of frontline staff, decision-makers, people who use drugs and their loved ones alike has played an important part in saving lives in Lambton County. However, during the COVID-19 pandemic, the harms from substances have increased and our approach to this issue has, and will continue to change. Launching the Lambton Drug and Alcohol Strategy as a 10 year plan is an important milestone in the continued work of becoming a community safer from the harms of substance use. The strategy will be continually reviewed and may be revised at an earlier date as it will expand upon existing efforts and ensure a holistic approach to improving the lives of Lambton County residents while supporting people who use drugs and their loved ones. Through the pillar approach focusing on demand, harm, and supply reduction the strategy aims to address multiple aspects of this complex public health issue from the individual to policy level.



Appendix A

Logic Model

Inputs	Activities	Outcomes	Impacts
<ul style="list-style-type: none"> - Partnerships - Funding - Lambton Drug & Alcohol Strategy - DSNO network support - Research/evidence to inform interventions - Evaluation framework 	<ul style="list-style-type: none"> - Community consultation - Evidence/Best Practice Interventions - System coordination - System navigation - Capacity building - Education/ Knowledge Exchange - Advocacy - Communications 	<p>Strategy Partners:</p> <ul style="list-style-type: none"> - Meaningfully engaged in strategy implementation - Action taken to align, increase and/or improve practices related to three pillars <p>People Who Use Drugs/Peers/Families:</p> <ul style="list-style-type: none"> - Perception of access and quality of services - Awareness, access and update of harm reduction services - Perceived ability to be meaningfully engaged in the strategy (if desired) <p>Leaders/Policy Makers:</p> <ul style="list-style-type: none"> - Awareness of and support of issues related to substance use - Support for destigmatization efforts - Support for policy and practice changes <p>Community</p> <ul style="list-style-type: none"> - stigma reduction based on perceptions - perception of healthy, safe, resilient community 	<p>Health:</p> <ul style="list-style-type: none"> - decrease in # of overdoses - decrease in # of individuals/youth who report using substances - increase in reported uptake of harm reduction - increase in number of people who are accessing addictions therapies/treatment services <p>Community Safety:</p> <ul style="list-style-type: none"> - reduced stigma - decrease in criminal offences related to substance use - reduction of and type of drugs supply available <p>Policy:</p> <ul style="list-style-type: none"> - number/type of policy changes <p>Root Cause/Prevention:</p> <ul style="list-style-type: none"> - decreased social isolation - increased resilience/protective factors - increased access to housing and other social determinants of health

Adapted from [DSNO Evaluation Framework](#)¹³

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Additional Information

1. Lambton Public Health: [A Report on Substance Use and Harms in Lambton County](#)
2. Lambton Public Health: [Drugs and Alcohol Strategy Research Report](#)
3. Community Safety and Well-Being Plan: [Lambton County 2022-2025](#)
4. County of Lambton: [County of Lambton Housing and Homelessness Plan 2020-2024](#)
5. Australian Government Department of Health and Aged Care: [National Drug Strategy 2017- 2026](#)
6. Drug Strategy Network of Ontario: [Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction](#)

DRAFT





Produced By Lambton Public Health
on behalf of:

The Lambton Drug and Alcohol
Strategy Steering Committee



Lambton
DRUG & ALCOHOL STRATEGY



**Lambton
Public Health**

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 <p style="text-align: center;">INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	PLANNING AND DEVELOPMENT SERVICES
PREPARED BY:	Kenneth Melanson, RPP, MCIP, Manager
REVIEWED BY:	Jason Cole, P. Eng., General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
INFORMATION ITEM:	Sarnia Official Plan Reconsideration Request

BACKGROUND

Correspondence CC 04-01-23 has been received from the City of Sarnia indicating that, at the March 13, 2023 meeting of Sarnia Council, the following motion was passed:

That Sarnia City Council table this matter pending a request to Lambton County Council to take a formal position on the County’s decision to remove the Council directed settlement area boundary expansion that was included in the Plan adopted by Sarnia City Council.

This report provides context of the timeline for decision making and rationale for the decision to approve the submitted City of Sarnia Official Plan (OP) with specific modifications. In addition, the report will outline why a reconsideration of the City of Sarnia OP is not possible.

DISCUSSION

The *Planning Act* delegates Approval Authority of OPs (both new plans and amendments) to upper-tier municipalities (with Planning Functions), in place of the Minister. The upper-tier municipality (County) is also responsible to determine population and land supply through the County OP. This work is to be done in coordination with partner municipalities (Provincial Policy Statement (PPS) Section 1.2) and was done as part of adopting the current County OP.

The City of Sarnia adopted a New Sarnia OP on July 25, 2022. As part of their approved Plan, 215 hectares near Brights Grove was added to the City of Sarnia Settlement Area (Attachment 1). This area was inconsistent with the Settlement Areas delineated in the County Official Plan.

As part of the approval process, the County must ensure that the OP (or any amendments) of any partner municipality is consistent with the *Planning Act*, PPS, and the County OP. The Municipality, when adopting a New Official Plan, must also pass a motion attesting that the plan is consistent. As noted in the OP record submitted to the County, the work done by the consultant was consistent, while the addition of the Settlement Area expansion by Council has no such commentary.

Other modifications into the County's approval of the Sarnia OP came out of discussions with the City to ensure that amendments that occurred after Sarnia Council approved the OP, but prior to County rendering its decision, were incorporated. These transitional updates were for several sites, which are provided as Attachment 2 and included the former Sarnia Collegiate Institute and Technical School (SCITS) and a site for affordable housing owned by the County (suggested by Sarnia staff). This was necessary to avoid these sites restarting the application process under the new City OP.

As part of the decision process to approve the Sarnia OP with modifications, reviews were carried out with planning legal counsel, an independent planning consultant and Ministry of Municipal Affairs and Housing staff. Options were reviewed and the modification route was selected since most of the plan could be approved.

The Approval Authority can only change a decision during the appeal period as Sections 17 (36-39) of the *Planning Act* state that a decision is final once the appeal period is completed without any appeals. Alternatively, if an appeal is filed, only those matters appealed fall to the OLT. The decision to approve with modifications was issued on December 28, 2022 and the appeal period closed January 16, 2023.

There are appeals received, in addition to the City of Sarnia appeal. The decision is now final for those issues not under appeal, i.e. those policies not under appeal are now in force. All appealed issues are before the OLT. It should be noted that the City of Sarnia will be responsible to address the three appeals received on the Sarnia OP, as they relate to City specific matters.

County and City Planning staff have already had an informal discussion on resolution of the Sarnia Appeal. Sarnia Council considered options to direct City staff regarding action on the OP on March 13, 2023, including the use the "Community Infrastructure and Housing Accelerator" tool (created in Bill 109) to obtain Ministerial Approval for the boundary expansion. One option not presented is for the County Plan to be reopened and reevaluate the settlement boundary. This option may be opportune for the following reasons:

- 1) Changes to the PPS in 2020 revised the growth timeline to 25 years, from the 20-year timeline currently used in the County's OP.
- 2) Higher than expected population growth in several municipalities in Lambton County, including Sarnia, is placing pressure on the currently defined settlement boundaries for those communities.

A request to conduct a comprehensive OP review is expected to be brought forward to County Committee A.M. and Council following the forthcoming approval of the new 2023 PPS, currently unscheduled. Consideration and discussion of advancing a review of settlement boundaries, facilitated through a County OP update (“Growth 2.0”), can be brought forward to Committee A.M. and Council at their April and May 2023 sessions.

FINANCIAL IMPLICATIONS

There are no immediate financial implications because of the recommended decision. Costs will result from the OLT process, however County and City staff have had productive conversations about resolutions to most issues.

CONSULTATIONS

County Planning staff have consulted with and obtained legal/planning advice from the County’s specialized legal counsel for planning matters, and the County’s engaged Planning Consultant, in addition to advice from staff with the Ministry of Municipal Affairs and Housing.

STRATEGIC PLAN

Application of Area of Effort #2: Communications - Providing progressive and effective communications that are relevant and clear and that promote opportunities for dialogue in order to improve collaboration and build relationships by:

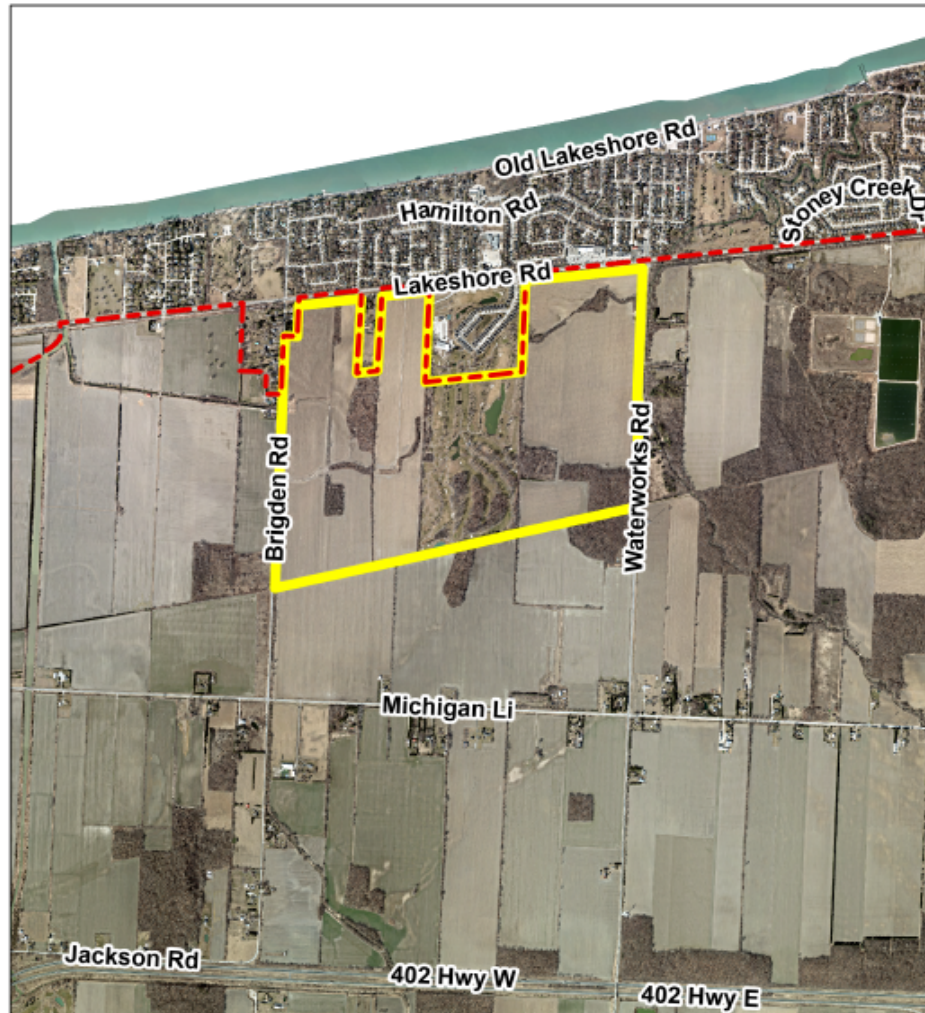
- Informing various audiences and stakeholders about the roles of the County in order to assist them in fulfilling their responsibilities.
- Prioritizing and valuing the receipt of perspectives and feedback from all stakeholders.
- Clearly, completely, and concisely articulating County decisions and initiatives.
- Supporting an atmosphere of clarity with local municipalities as to the provision of programs and services and the related contractual and partnership agreements.

CONCLUSION

Reconsideration of the Approval Authority decision is no longer possible as per Sections 17 (36-39) of the *Planning Act*. Those matters of the Sarnia Official Plan not under appeal are now in full force and those matters under appeal are before the OLT.

Attachment 1 – Brights Grove Settlement Area Expansion

**AREA CONTEXT MAP
SETTLEMENT BOUNDARY EXPANSION**



— SUBJECT LANDS **- - -** EXISTING URBAN BOUNDARY

0 250 500 m



SOURCE:
COUNTY OF LAMBTON, 2022
CITY OF SARNIA, 2022

PREPARED BY:
CITY OF SARNIA CSD DEPARTMENT
JANUARY 2023

Note: existing boundary of the County Official Plan shown in red.

Attachment 2 – Transition modifications to the Sarnia Official Plan

The following table provides a breakdown of Official Plan Amendments (OPAs) and site-specific modifications to the Sarnia Council approved version of the Sarnia Official Plan. All of these amendments occurred post City of Sarnia Council approving the Sarnia Official Plan, but prior to the County making it's decision.

Site location:	OPA # or source:	Purpose:
Kathleen Avenue	City of Sarnia Staff	To correct transition error to assist County in pursuing Affordable Housing on site.
Confederation Line/Ronald Bloore Drive	OPA 33	Change of designation from Commercial to Residential in proximity to Procor Industrial Site.
220 George Street	OPA 34	To allow apartment units and theatre space on site.
1299-1331 Murphy Road	OPA 35/Ontario Land Tribunal Decision	To redesignate site to apartment residential to permit six-storey apartment building. OPA approval appealed to OLT and decision upheld by OLT.
South Side of Exmouth Street/Venetian Blvd.	OPA 38	Sarnia Humane Society facility.
1475 Vidal Street South	OPA 40	Allow site-specific industrial development
275 Wellington Street	OPA 42	To allow mixed-use development of the former Sarnia Collegiate Institute and Technical School (SCITS) property.
1550 Confederation Line	OPA 43	To allow a contractor yard.
1450 London Road	OPA 44	To allow for multi-residential development.

Note: Some amendments required both mapping and text amendments to the originally approved Sarnia OP, while others were simple mapping notations of site specific policy.

BOARD OF DIRECTORS MEETING

Tuesday, November 22nd 2022, 7:30am

LOCATION: Videoconference

Attendance:

Bradley, Mike	Reaume-Zimmer, Paula
Cayea, David	Dochstader, Nick
Kabbes, Don	Kardas, Rob
Lee, Adrienne	Marriott, Kevin
McEachran, Carrie	Perdeaux, Rick
Thiffeault, Stephane	Walker, Katherine

Taylor, Dan (CEO)
Kinchen, Brittany (Executive Assistant)

Regrets: Peters, Mark

Call to Order

Agenda

Motion: To approve Agenda as submitted.

Moved by K. Walker Seconded by R. Kardas. Carried.

Declaration of Conflict of Interest

None declared.

Approval of Minutes

Motion: That the minutes of the Board Meeting held September 27, 2022 be approved as submitted.

Moved by K. Walker, Seconded by C. McEachran. Carried.

Chair Update

- P. Reaume Zimmer provided an update advising she has been following closely



- Strategic Planning process is underway, advised it will be a significant expense and time from SLEP staff and consultants

CEO Update

- D. Taylor provided CEO report on activities by staff
- D. Taylor discussed the need to have market ready lands in our region, currently there are some challenges on market readiness
- C. Core and L. Bourne provided an update on downtown revitalization efforts of two of our heritage rich communities, Forest and Petrolia. Received \$50,000 of funding for phase one and phase two through OMAFRA, with additional funds received from Lambton Shores and the town of Petrolia. Anticipate applying for further funding to complete phase three and four.
 - Interest and hope to expand into other communities and areas within Sarnia-Lambton.

Committees

Governance Committee:

- A. Lee provided an update on by-law revisions underway as there are some updates that need to be considered; 1) language of pronouns; 2) electronic voting clarification, formalizing the process; 3) Language on succession planning 4) Fiduciary responsibilities the board has
 - All updates will be brought forward for review once complete
- Strategic Plan Discussion; D. Taylor will short list the proposals and share with the governance committee, then share consultant information and proposal with board at large

Finance Committee:

- D. Kabbes provided an update on preliminary year-end projections for financials
- D. Kabbes presented a draft 2023 budget for review

Next Meeting

- January 24, 2022 at 7:30AM

Motion to Adjourn

Moved by D. Kabbes, Seconded by N. Dochstader. Carried.



Chair
Paula Reaume-Zimmer



Secretary-Treasurer
Stephane Thiffault



BOARD OF DIRECTORS MEETING

Friday, December 2nd 2022, 8:15am
LOCATION: Videoconference

Attendance:

Reaume-Zimmer, Paula	Peters, Mark
Lee, Adrienne	Marriott, Kevin
McEachran, Carrie	Perdeaux, Rick
Thiffeault, Stephane	Walker, Katherine
Dochstader, Nick	Kabbes, Don

Taylor, Dan (CEO)
Kinchen, Brittany (Executive Assistant)

Regrets: Cayea, David Bradley, Mike
 Kardas, Rob

Call to Order

Agenda

Motion: To approve Agenda as submitted.

Moved by N. Dochstader. Seconded by R. Perdeaux. Carried.

Declaration of Conflict of Interest

None declared.

Governance Committee—Strategic Plan Consultant Update

- A. Lee & D. Taylor provided update on RFP process and interviews to date
- Strat Plan to be completed by May 31, 2023
- Rynic Proposal is for \$93,200 before applicable taxes
- Seven proposals were received, CEO (D.Taylor) short-listed top three for governance committee



Discussion, Q&A

- What set these consultants above all the rest?
 - Customized, effort into their proposal. Really looked into the RFP
 - Did not give any advance knowledge of the question in the interview and they were well answered, committee was impressed by their answers and their knowledge
 - Proposed a summit bringing 30 community stakeholders together for planning purposes
 - Fulsome in their approach to their response to our RFP
 - Expertise is broad, recognize petrochemical industry is the largest in our region while recognizing we are looking to diversify
 - Have experience in multi-municipal environments and understand the dynamics at play

Motion: Board Approval to hire Rynic Strategic Solutions to develop the 5-year (2023-2028) strategic plan for Sarnia-Lambton Economic Partnership.

Moved by A. Lee Seconded by C. McEachran. Carried.

Next Steps:

- Contract to be offered and signed (early next week)
- Rynic will begin their planning process in December and will include a kick-off meeting
- Completion end of May, and public launch will be at the AGM
- Q: What involvement of the board prior to the launch?
 - Governance will follow the process through
 - Updates will be provided at board meetings along the way
 - Board involvement is key, governance will be very involved, with stakeholder interviews

Motion to Adjourn

Moved by K. Mariott, Seconded by K. Walker. Carried.



Chair
Paula Reaume-Zimmer



Secretary-Treasurer
Stephane Thiffault

	INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION
	REPORT TO: WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	PLANNING AND DEVELOPMENT SERVICES
PREPARED BY:	Kenneth Melanson, RPP, MCIP, Manager
REVIEWED BY:	Jason Cole, P. Eng., General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
SUBJECT:	Approvals of Official Plans and Official Plan Amendments for Local Municipalities

BACKGROUND

The *Planning Act* requires all local Official Plans (OP) and Official Plan Amendments (OPA) are approved following their adoption by local municipal councils. In the County, prior to 1998, that approval was provided by the Province. It was not unusual for an OPA to take 18 months to two years before approval was granted.

Following a broader "downloading" exercise in the 1990's, the Province delegated the OP Approval Authority, OP Review and Subdivision/Condominium Approval Authority functions to municipalities (usually Counties and Regions) across Ontario. The County of Lambton received this delegated authority in 1998. County Council further delegated the authority to approve OP/OPAs of local municipalities to the Manager of Planning and Development Services, including the ability to provide approval with amendments. The authority to refuse an OP/OPA was retained by County Council, as it was felt that only an elected body should have the authority to overturn a local council decision.

Lambton County Council, at its meeting on February 1, 2023, passed the following motion:

#27: Bradley/Dennis:

- a) *That if requested by the local municipality seeking an amendment to its official plan, that that municipality's proposed official plan amendment(s) be brought forward to Council for consideration and decision.*
- b) *That staff bring forward a draft by-law amending By-Law # 38 of 2002 to give effect to the direction set out in paragraph a) above.*

Carried.

DISCUSSION

In carrying out the Approval Authority function of a local municipal OP/OPA, the County is taking on the role of the province. That is, ensuring that all Plans and amendments are "consistent with" (or exceed) the provincial planning interests as set out in the Provincial Policy Statement and other policies, as required by the *Planning Act*, including the County Official Plan.

The *Planning Act* requires that an Approval Authority render a decision on an OP/OPA within 120 days, after which an appeal for 'failure to make a decision' can be filed with the Ontario Land Tribunal (OLT). The delegation of decision making to staff was intended to produce a decision much faster than via the Minister. Currently, Ministry decisions may take 18 months, or more, and can see extended delays if the Authority of the Minister to suspend their timelines is enacted.

This is not the case for the County as Approval Authority. Once materials from a local municipality are received, the timeline begins. There are risks of a non-decision appeal (to the OLT) if a decision is not made within the 120-day timeline. The ability of staff to shift to a Council decision requires preparation time and may see challenges with the County Council schedule. To eliminate timeline risks, it is critical that the local Council request a County Council decision at the time of OP/OPA submission, as later requests could jeopardize a timely decision via the Council process.

The structure of upper-tier municipal delegated Approval Authority differs among municipalities. Huron County has undertaken a staff delegation of many decisions with intentions to expand that delegation considering the Provincial Government's desire to speed up approvals. Middlesex County has not yet delegated decisions but is preparing to do so (for the same reasons as Huron County).

The County has seen the number of OPAs increase in recent years. Decision delegation has generally worked well under the current system, as seen in Table 1 below. Any County Council decision will require more time to prepare reports for Council consideration. This is also a technical process – free of public opinion and thus not a public hearing. If County Council wishes to change the delegation process, Council may need to recognize impacts to meeting proceedings and consider updates the County Procedure By-Law.

Table 1 – OP/OPA Decision timing

Year:	Number of days:	# of OP/OPA decisions:
2021	23	9
2022	42	19

FINANCIAL IMPLICATIONS

No financial implications are anticipated by this amendment.

CONSULTATIONS

County Planning staff have consulted with the County Clerk's Office and obtained legal/planning advice from the County's specialized legal counsel for planning matters and the County's engaged planning consultant.

STRATEGIC PLAN

Application of Area of Effort #2: Communications - Providing progressive and effective communications that are relevant and clear and that promote opportunities for dialogue in order to improve collaboration and build relationships by:


- Informing various audiences and stakeholders about the roles of the County in order to assist them in fulfilling their responsibilities.
- Prioritizing and valuing the receipt of perspectives and feedback from all stakeholders.
- Clearly, completely, and concisely articulating County decisions and initiatives.
- Supporting an atmosphere of clarity with local municipalities as to the provision of programs and services and the related contractual and partnership agreements.

CONCLUSION

By-Law 12 of 2023 has been prepared as an Amendment to By-Law 38 of 2002 (A By-Law to Delegate the Authority to Approve Applications for Official Plans and Official Plan Amendments of Local Municipalities) to address the direction of the February 1, 2023 Council meeting. To minimize inherent timeline risks in the mandated review and approval process, the drafted By-Law Amendment will require that the request for a County Council decision be received at the same time as the local Council renders a decision on the OP/OPA.

RECOMMENDATION

That County Council adopt the proposed Amendment to By-Law 38 of 2002, as contained in By-Law 12 of 2023.

 <p style="text-align: center;">CORPORATE SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LEGAL SERVICES / CLERK'S
PREPARED BY:	Ryan Beauchamp, County Solicitor
REVIEWED BY:	Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 05, 2023
SUBJECT:	Source Protection Committee - Lambton County Municipal Nominee

At its February 15, 2023, meeting, Committee A.M. and Committee P.M. approved the following resolution:

#4: Atkinson/Cook:

- a) *That the County Clerk write to each local municipality asking the municipality to nominate individuals from their community, no later than March 24, 2023, for potential nomination by Lambton County to the Thames-Sydenham and Region Drinking Water Source Protection Committee and that their nominations be communicated to the County Clerk.*
- b) *That the County Clerk report back to County Council, at its April 5, 2023, meeting, with a list of all individuals nominated by local municipalities for the purposes set out in paragraph a) above.*
- c) *That at its April 5, 2023, meeting, County Council nominate one (1) (or more) of the individuals from the list reported to it in accordance with paragraph b) above to the Thames-Sydenham and Region Drinking Water Source Protection Committee.*

Further to that resolution, on February 16, 2023, the County Clerk wrote all local municipalities seeking their proposed nominees to the Thames-Sydenham and Region Drinking Water Source Protection (the "T-S Region") Source Protection Committee ("SPC") by March 24, 2023.

(a) Source Protection Committees

As a reminder, O. Reg. 288/07, *Source Protection Committees*, defines the composition of SPCs and the process for appointing members. There are a total of fifteen (15) voting and six (6) non-voting members on the T-S Region SPC.

Of the fifteen (15) voting members, five (5) are allocated to local municipalities within the T-S Region, one each for the following local municipal groups: (1) Lambton County; (2) London-Middlesex; (3) Elgin, Essex and Chatham-Kent; (4) Oxford and (5) Perth, Stratford, St. Mary's and Huron.

(b) Lambton County Municipal Nominee

Each local municipal group is entitled to nominate an individual or individuals for appointment to the SPCs as their appointee(s). If more than one individual is nominated by the municipal group, the Source Protection Authority, through its own striking committee, interviews the individuals and selects the successful candidate.

DISCUSSION

In response to the County Clerk's call for nominations, as of the date of drafting this report, the municipality identified in Schedule "A" submitted the individual(s) identified therein.

County Council should nominate/appoint the individual listed as its municipal appointee to the T-S Region SPC.

FINANCIAL IMPLICATIONS

Not applicable.

CONSULTATIONS

The Chief Administrative Officer was consulted on the subject matter of this report.

STRATEGIC PLAN

Not applicable.

CONCLUSION

Not applicable.

RECOMMENDATIONS

(a) That County Council nominate/appoint the individual listed in Schedule "A" attached hereto as its municipal appointee to the T-S Region SPC.

Source Protection Committee - Lambton County Municipal Nominee (page 3)

April 05, 2023

(b) That once nominated by County Council, County Staff inform, in writing, the T-S Region and the individual nominated/appointed, by no later than April 14, 2023.

Source Protection Committee - Lambton County Municipal Nominee (page 4)

April 05, 2023

Schedule A
List of Nominees

Municipality	Name of Nominee
The Township of Brooke-Alvinston	Jason Migchels



SOCIAL SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	HOUSING SERVICES
PREPARED BY:	Melisa Johnson, Manager (Acting)
REVIEWED BY:	Valerie Colasanti, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 5, 2023
SUBJECT:	Housing Supply Challenge

BACKGROUND

At its meeting on February 1, 2023, County Council heard a presentation from John Loerchner of Wildscape Co. regarding a funding opportunity under the Canada Mortgage and Housing Corporation's (CMHC) Housing Supply Challenge.

The purpose of this report is to seek Council direction regarding the Housing Supply Challenge.

DISCUSSION

The Housing Supply Challenge is looking to find ways to make it easier to build housing by addressing construction-related barriers to housing supply. The timelines for this funding opportunity require an application submission by April 13, 2023. CMHC would select a short-list of applications, up to 25, to proceed with the design and feasibility project development. This project development would occur between July and December 2023. After the project development, CMHC will select some or all of the short-list projects for implementation which must occur between March 2024 and March 2025. Up to \$40M in funding is available for the implementation phase which may cover up to 100% of the project cost.

The Housing Services Department has investigated available land opportunities to partner with Wildscape Co. in the Housing Supply Challenge. A section of land on Kathleen Avenue in Sarnia has been identified as a desired location for a future development of affordable housing. This land is owned by the County of Lambton and is currently used as greenspace/parkland. The County would require rezoning of this land to complete the project.

The Wildscape Co. proposal for this land is attached including a conceptual sketch of the potential development. This concept is in the early stages and may change during the design and feasibility stage of the Housing Supply Challenge. The current concept has 24 units, which includes barrier free, one bedroom and bachelor units. The concept also includes open space, a community garden and a park area.

If successful under the Housing Supply Challenge, the Housing Services Department would increase their housing stock by up to 24 units for minimum cost to the local tax base.

FINANCIAL IMPLICATIONS

There is no anticipated financial impact to the design and implementation of the project on Kathleen Avenue. There will be a cost associated with the re-zoning process which can be absorbed in the current 2023 Housing Services budget.

CONSULTATIONS

Consultations have taken place with the CAO, General Manager, Social Services, and General Manager Finance, Facilities and Court Services.

STRATEGIC PLAN

Providing safe affordable housing is in keeping with the County's Mission to promote an enhanced quality of life through the provision of responsive and efficient services accomplished by working with municipal and community partners.

The activities of the Division support the Community Development Area of Effort #3 in the County of Lambton's Strategic Plan, specifically:

- Advocating in a manner that raises the profile of the County and its needs in order to secure improved government supports, funding, grants, and other resources.
- Developing programs and initiatives that address poverty reduction and promote social belonging.
- Planning for and responding to the ever-changing needs of an aging population, homelessness and retaining young people in the community.
- Actively pursuing joint opportunities with community partners that contribute to the well-being of the Lambton Community.

CONCLUSION

The County of Lambton Housing and Homelessness Plan 2020 - 2024 sets a strategic direction for housing and homelessness work. One of the key milestones is that by 2024,

Housing Supply Challenge (page 3)

April 5, 2023

75 more affordable housing units will be built with the assistance of government funding. The proposed development on Kathleen Avenue could add approximately 24 affordable housing units to assist in meeting the housing needs of low and moderate income residents of Lambton County.

RECOMMENDATIONS

- a) That Staff partner with Wildscape Co. for a development on Kathleen Avenue under the Housing Supply Challenge.**
- b) That Staff be authorized to commence the re-zoning process for the parcels of land on Kathleen Avenue in Sarnia.**



WILDSCAPECO.COM

Wildscape Co.'s Rhizome project is looking to partner with Lambton County in order to develop a sustainable, affordable development solution by applying to the CMHC "Housing Supply Challenge". This program is currently offering up to 40 Million dollars for innovative, scalable solutions to affordable housing that accelerate the use of construction processes and materials.

Wildscape Co. (under partner company Cabinsape Inc.) won a Green Municipal Fund pilot grant in 2022, in partnership with Lanark County Housing Corporation, to develop two carbon negative manufactured homes. The intent is to scale up this housing solution by applying to the CMHC Housing Supply challenge with new partners. If CMHC funding is approved it would cover the entire cost of the projects design and development.

The proposed property on Kathleen Street is an open space with limited use. Lambton County currently owns 146 units on Kathleen Street and is looking to expand its affordable housing offering for singles and couples. Lambton Counties current percentage of waitlisted one bedroom applicants is 80% with a wait time of 4 years. This property offers a unique opportunity to develop up to 24 new units servicing these applicants while including a human centred design approach.

These units will offer a mixture of row housing style accommodation for single or couples, including barrier free units. The existing park space will be leveraged to create open spaces and community gardens to support mental well being and local food growth.

Wildscape Co.'s Rhizome project offers a unique solution of manufactured row and multiunit housing reducing development times as well as design and build costs. If approved, the proposed development would conclude its design phase by the end of 2023. Development would commence in March of 2024 and complete by March 2025.

We look forward to the opportunity to work with you.

A handwritten signature in black ink, appearing to read "John Loerchner", written in a cursive style.

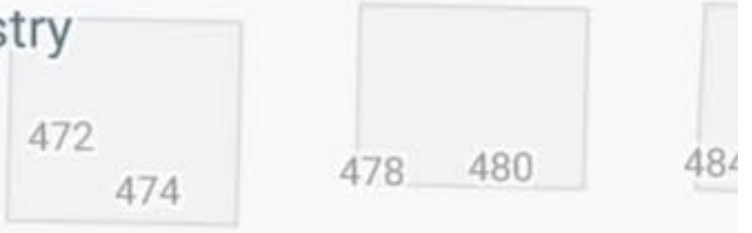
John Loerchner
CEO | Wildscape Co.



378 LUMSDEN AVE. TORONTO, ON M4C 2L7 | SALES@WILDSCAPECO.COM



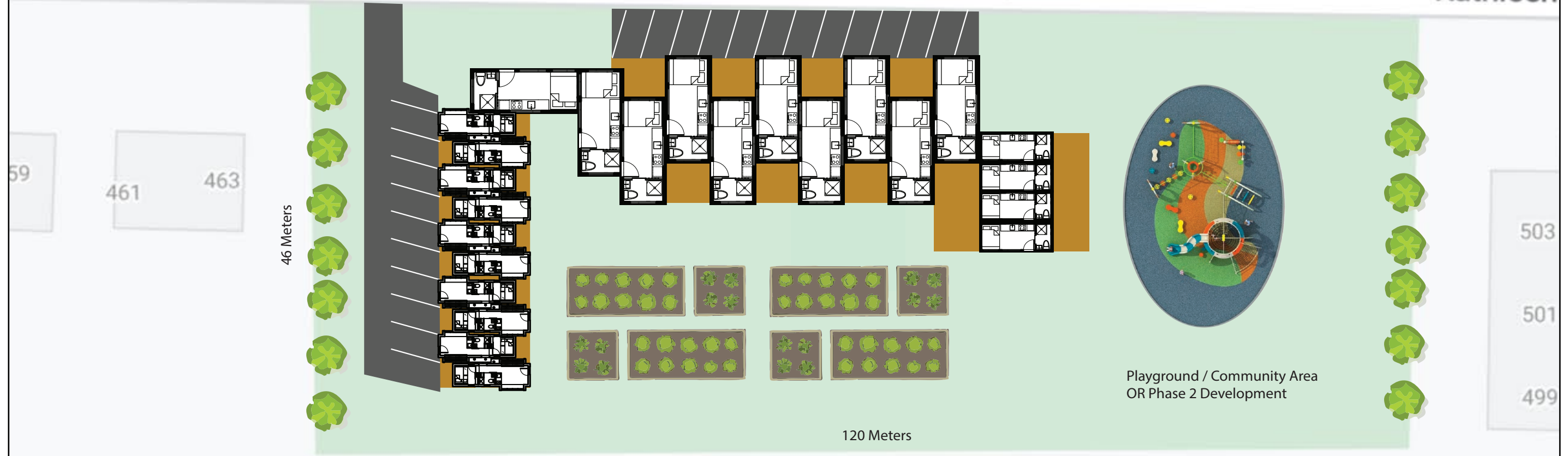
...sor Artistry




Kathleen Ave

Kathleen Ave

Kathleen



MAR. 2023 SITE SKETCH - FOR ILLUSTRATIVE PURPOSES ONLY

	OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
PREPARED BY:	Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	April 05, 2023
SUBJECT:	Deputy Clerk Appointments

BACKGROUND

At its February 1st, 2023, meeting, Council revised its Clerk and Deputy Clerk appointments on account of Mr. Ron Van Horne’s retirement.

Currently, Ms. Olivia Léger (Nisbet) is appointed Clerk and Stéphane Thiffeault is appointed Deputy Clerk.

This report seeks Council's endorsement to appoint our newly hired Solicitor, Ryan Beauchamp, and Ron Van Horne, additional Deputy Clerks, respectively, on account of the Clerk exercising a leave of absence.

DISCUSSION

As previously noted, section 228(1) of the *Municipal Act, 2001* requires that a Clerk be appointed by By-Law, to fulfil those duties and responsibilities set out in the Act and other legislation. Sub-section 228(2) permits the appointments of multiple Deputy Clerks who have the power of the Clerk (generally, to backfill the Clerk).

The County’s Clerk recently exercised a leave of absence and is expected to remain on leave through the end of 2023, returning in early 2024. That leaves Stéphane Thiffeault in position as Deputy Clerk.

To ensure coverage is available for the current Deputy Clerk, it is recommended that:

- Ryan Beauchamp, Solicitor, be appointed Deputy Clerk; and
- Ron Van Horne, be also appointed Deputy Clerk;

each for a term starting on April 6, 2023 and terminating on December 31, 2023. This will ensure that there is coverage in the event of an unexpected event (illness, disability, etc.) with the current Deputy Clerk (Stéphane Thiffeault) while the Clerk is on a leave of absence. Mr. Van Horne has agreed to do so in the event of an emergency.

FINANCIAL IMPLICATIONS

There are no financial implications arising from the subject matter of this report.

CONSULTATIONS

Not applicable.

STRATEGIC PLAN

Not applicable.

CONCLUSION

Not applicable.

RECOMMENDATIONS

- (a) That Ryan Beauchamp and Ron Van Horne each be appointed Deputy Clerk of The Corporation of the County of Lambton for the period starting on April 2, 2023, and terminating on December 31, 2023.
- (b) That an appropriate By-Law effecting the above-noted appointment be presented to County Council for its consideration.

**MINUTES
COMMITTEE A.M.**

(Infrastructure & Development Services/Public Health Services/Cultural Services)

Wednesday, February 15, 2023

A meeting was held at the County Building at 9:00 a.m. on the above date.

Present

Chair I. Veen, Warden Kevin Marriott, J. Agar, D. Boushy, D. Sageman, and B. White attended in person, M. Bradley and A. Broad attended virtually. Various staff were present including the following General Managers: Mr. J. Cole, General Manager, Infrastructure and Development Services, Mr. A. Meyer, General Manager, Cultural Services, Ms. O. Léger, Solicitor/Clerk and Mr. S. Thifféault, Chief Administrative Officer.

Absent

T. Case.

INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION

Information Reports

#1: Sageman/White: That the following Information Reports from the Infrastructure & Development Services Division be received and filed:

- a) Information Report dated February 15, 2023 Regarding 2022 Full Year Statistics and Approval Authority Activity.
- b) Information Report dated February 15, 2023, Regarding 4th Quarter 2022 Work in Progress.
- c) Information Report dated February 15, 2023 Regarding Building Services 4th Quarter 2022 Statistics.
- d) Information Report dated February 15, 2023, Regarding County Road 7 (Lakeshore Road) Bonnie Doon Bridge.

Carried.

Report Requiring a Motion

Report dated February 15, 2023 Regarding County Road 29 (Indian Road) Parking Restrictions.

#2: Agar/White:

Committee A.M. – February 15, 2023 (page 2)

- a) That the By-Law No. 31 of 1998 "A By-Law to Regulate Parking on County Road No. 29" (hereinafter, the "Parking By-Law") be amended to add therein the following definitions of "Stop" or "Stopping":
 - a. "Stop" or "Stopping", when prohibited, means the halting of a vehicle, even momentarily, whether occupied or not, except when necessary to avoid conflict with other traffic, or in compliance with the directions of a police officer or of a traffic control sign or signal.
- b) That the Parking By-Law be amended to prohibit parking on part of County Road No. 29, as follows:
 - a. No person shall park a vehicle between the hours of 8:00 a.m. to 6:00 p.m. Monday to Friday on either the west or east side of County Road No. 29 (also known as "Indian Road"), in the City of Sarnia, from a point situated at its intersection with the center line of Rosedale Avenue to a point situated at its intersection with Michigan Avenue.
- c) That the Parking By-Law be amended to prohibit stopping on parts of County Road No. 29, as follows:
 - a. No person shall stop (No Stopping) a vehicle between the hours of 7:00 a.m. to 9:00 a.m. and 3:30 p.m. to 5:30 p.m. Monday to Friday on the east side of County Road No. 29 (also known as "Indian Road"), in the City of Sarnia, from a point situated at its intersection with the center line of Michigan Avenue to a point situated at its intersection with Exmouth Street.
 - b. No person shall stop (No Stopping) a vehicle between the hours of 7:00 a.m. to 9:00 a.m. and 3:30 p.m. to 5:30 p.m. Monday to Friday on the west side of County Road No. 29 (also known as "Indian Road"), in the City of Sarnia, from a point situated at its intersection with the center line of Lakeshore Road to a point situated at its intersection with Cathcart Boulevard.
 - c. No person shall stop (No Stopping) a vehicle between the hours of 7:00 a.m. to 9:00 a.m. and 3:30 p.m. to 5:30 p.m. Monday to Friday on the west side of County Road No. 29 (also known as "Indian Road"), in the City of Sarnia, from a point situated at its intersection with the center line of Michigan Avenue to a point situated 56 metres north of Maxwell Street.

Committee A.M. – February 15, 2023 (page 3)

- a. No person shall stop (No Stopping) a vehicle at any time (Anytime) on the east side of County Road No. 29 (also known as “Indian Road”), in the City of Sarnia, from a point situated at its intersection
- b. with the center line of Michigan Avenue to a point 250 metres to the north.
- d) That the Parking By-Law be further amended by striking paragraph 11 therefrom;
- e) That Staff present a By-Law to County Council amending the Parking By-Law in accordance with paragraphs a) to d) above, inclusively, for Council’s consideration.

Carried.

Report dated February 15, 2023 Regarding Policy for Land Purchase – County Road Widenings.

#3: Sageman/White:

- (a) That the existing policy for land purchases for road widenings, etc. on the County Road System be amended as follows effective March 1, 2023:
 - o \$7,000 per acre - for bush or swamp land in agricultural areas
 - o \$17,000 per acre - for untilled agricultural land
 - o \$21,000 per acre - for improved and tilled land
 - o \$80,000 per acre - for individual severed agricultural land and for farm residence areas (<150 foot frontage)
 - o Current Market Value - in built-up/urban areas
 - o No cost – all road widening as a condition of severance/zoning or stie plan approval
 - Farm fencing:
 - Replace existing "adequate" fence with new fence; or,
 - \$10 per metre for "adequate" fence that is removed but not replaced; or,
 - \$2 per metre (minimum) for fence in poor condition (rate is dependent on condition); or,
 - \$8 per metre for the owner to move an existing "adequate" fence to a new alignment.
 - Removal of shrubs - owner to relocate from widening;
 - Trees - will be cut to length (12" min.) and left for property owner or disposed of.
 - Legal costs - County pays for all legal survey and registration.

Carried.

Committee A.M. – February 15, 2023 (page 4)

PUBLIC HEALTH SERVICES DIVISION

No Agenda Items.

CULTURAL SERVICES DIVISION

Information Reports

#4: Agar/Boushy: That the following Information Reports from the Cultural Services Division be received and filed:

- a) Information Report dated February 15, 2023 Regarding Sarnia Police Impact Team at Sarnia Library.
- b) Information Report dated February 15, 2023 Regarding Tourism Information Hubs at Cultural Facilities.
- c) Information Report dated February 15, 2023 Regarding Cultural Services Division 2022 Annual Report.
- d) Information Report dated February 15, 2023 Regarding Libraries Fourth Quarter 2022 Statistics.
- e) Information Report dated February 15, 2023 Regarding Provincial Recognition for the Oil Museum of Canada.
- f) Information Report dated February 15, 2023 Regarding Museums, Gallery & Archives Fourth Quarter 2022 Statistics.

Carried.

Reports Requiring a Motion

Report dated February 15, 2023, Regarding International Oil Heritage Conference Tour

#5: Marriott/Sageman:

- a) That staff be directed to pursue a proposal and cost estimate for a Management Plan for the Oil Springs combined site that outlines the formal commitment of the partners to manage the site and specifies how it will be conserved, protected and presented for present and future generations.

Committee A.M. – February 15, 2023 (page 5)

- b) That staff be directed to approach the Ignacy Łukasiewicz Oil and Gas Industry Museum in Bóbrka, Poland to determine their interest in pursuing a joint application for inscription on the UNESCO World Heritage List, as a means to more effectively demonstrate the international reach, influence and outstanding universal value of the Oil Springs combined site.

Carried.

Report dated February 15, 2023 Regarding Libraries Donations, October 1 to December 31, 2022.

#6: White/Sagean: That the Libraries Donations, October 1 to December 31, 2022 Report be accepted.

Carried.

Report dated February 15, 2023 Regarding Museums, Gallery & Archives Collections Management, December 2022.

#7: White/Agar: That the Museums, Gallery & Archives Collections Management, December 2022 Report be accepted, and items recommended for acceptance be approved for inclusion in the respective permanent collections, and letters of appreciation be sent in accordance with the County's Recognition Policy.

Carried.

CORPORATE SERVICES

Report Requiring a Motion

Report dated February 15, 2023 Regarding Source Protection Committee Appointment of Lambton County Nominee

#8: White/Sagean:

- a) That the County Clerk write to each local municipality asking the municipality to nominate individuals from their community, no later than March 24, 2023, for potential nomination by Lambton County to the Thames-Sydenham and Region Drinking Water Source Protection Committee and that their nominations be communicated to the County Clerk.
- b) That the County Clerk report back to County Council, at its April 5, 2023, meeting, with a list of all individuals nominated by local municipalities for the purposes set out in paragraph a) above.

Committee A.M. – February 15, 2023 (page 6)

- c) That at its April 5, 2023, meeting, County Council nominate one (1) (or more) of the individuals from the list reported to it in accordance with paragraph b) above to the Thames-Sydenham and Region Drinking Water Source Protection Committee.

Carried.

Adjournment

#9: White/Sageam: That the Chair declare the meeting adjourned with the next meeting to be held on Thursday, April 20, 2023 at 8:30 a.m. at the Lambton Heritage Museum, Grand Bend, Ontario.

Carried.

Time: 9:09 a.m.

Ian Veen
Chair

O. Léger
Solicitor/Clerk

MINUTES
SPECIAL JOINT MEETING OF THE STANDING COMMITTEES
(Release of the Draft Budget)

February 15, 2023

A meeting was held at 10:00 a.m. on the above date. Warden in the Chair; Roll called; All members present except M. Bradley and T. Case.

Disclosures of Pecuniary Interest: None.

Delegations

#1: Ferguson/Veen: That we invite the delegation within the Bar to speak to County Council.

Carried.

Tourism Sarnia-Lambton Update

Mark Perrin, Executive Director, Tourism Sarnia-Lambton (TSL) spoke to County Council and provided an update regarding TSL's activities and plans.

Release of the 2023 Draft Budget

Larry Palarchio, General Manager, Finance, Facilities and Court Services, was invited to present The Corporation of the County of Lambton's Draft 2023 Budget and Overview of Key Highlights.

A question and answer period ensued.

Adjournment

#2: Atkinson/Boushy: That the Warden declare the meeting adjourned.

Carried.

Time: 10:43 a.m.

Kevin Marriott
Chair

Oliva Leger
Solicitor/Clerk

**MINUTES
COMMITTEE P.M.**

(Long-Term Care/Corporate Services/Finance, Facilities and Court Services/Social Services)

February 15, 2023

A meeting was held at the County Building at 11:00 a.m. on the above date.

Present

Chair D. Ferguson, Warden Kevin Marriott, G. Atkinson, D. Cook, B. Dennis, B. Hand, B. Loosley, C. McRoberts, and S. Miller attended in person and B. Hand attended virtually. Various staff were present including the following General Managers: Ms. J. Joris, General Manager, Long-Term Care, Mr. L. Palarchio, General Manager, Finance, Facilities and Court Services, Ms. V. Colasanti, General Manager, Social Services, Ms. O. Léger, Solicitor/Clerk and Mr. S. Thiffeault, Chief Administrative Officer.

Absent

None.

LONG-TERM CARE DIVISION

Information Report

Information Report dated February 15, 2023 Adult Enrichment Centre Advisory Committee Annual Report 2022

#1: Loosley/Miller: That the Information Report dated February 15, 2023 regarding Adult Enrichment Centre Advisory Committee Advisory Report be received and filed.

Carried.

CORPORATE SERVICES DIVISION

Information Report

Information Report dated February 15, 2023 Regarding Alternate Member Appointments – Council Policy C12.01

#2: Atkinson/Cook: That Information Report dated February 15, 2023 Regarding Alternate Member Appointments – Council Policy C12.01 be received and filed.

Carried.

Committee P.M. - February 15, 2023 (page 2)

Reports Requiring a Motion

Report dated February 15, 2023 Regarding Bill 177 – Stronger, Fairer Ontario Act (Budget Measures) Downloading of Part III POA Offence Prosecutions.

#3: Marriott/Miller: That the Warden and Clerk be authorized to execute the Parts III and IX of the Provincial Offences Act (Ontario) Interim Transfer Agreement with His Majesty the King in Right of Ontario as represented by the Attorney General and any other agreement necessary to give effect to the transfer of Part III charges.

Carried.

Report dated February 15, 2023 Regarding Source Protection Committee Appointment of Lambton County Nominee

#4: Atkinson/Cook:

- a) That the County Clerk write to each local municipality asking the municipality to nominate individuals from their community, no later than March 24, 2023, for potential nomination by Lambton County to the Thames-Sydenham and Region Drinking Water Source Protection Committee and that their nominations be communicated to the County Clerk.
- b) That the County Clerk report back to County Council, at its April 5, 2023, meeting, with a list of all individuals nominated by local municipalities for the purposes set out in paragraph a) above.
- c) That at its April 5, 2023, meeting, County Council nominate one (1) (or more) of the individuals from the list reported to it in accordance with paragraph b) above to the Thames-Sydenham and Region Drinking Water Source Protection Committee.

Carried.

FINANCE, FACILITIES AND COURT SERVICES DIVISION

Information Report

Information Report dated February 15, 2023 Regarding Court Services 4th Quarter Statistics and Activity

#5: Dennis/Atkinson: That the Information Report dated February 15, 2023 from the Finance, Facilities & Court Services Division regarding Court Services 4th Quarter Statistics and Activity be received and filed.

Carried.

Committee P.M. - February 15, 2023 (page 3)

Reports Requiring a Motion

Report dated February 15, 2023 Regarding the Annual Year-End Report on Reserves and Reserve Funds

#6: Miller/McRoberts: That the attached Summary Report on Reserves and Reserve Funds and its recommendations be accepted as presented.

Carried.

SOCIAL SERVICES DIVISION

Correspondence

#7: McRoberts/Miller: That the email from Sherri Hayward, dated January 27, 2023 regarding the new policy proposal for a Homelessness Prevention and Housing Benefit from the Canadian Alliance to End Homelessness be received and filed.

Carried.

Information Reports

#8: Cook/Atkinson: That the following Information Reports from the Social Services Division be received and filed:

- a) Information Report dated February 15, 2023 Regarding Ontario Works Caseload Update 2022.
- b) Information Report dated February 15, 2023 Regarding New Owner Operator of Domiciliary Hostels.
- c) Information Report dated February 15, 2023 Regarding Child Care and Early Years Update.
- d) Information Report dated February 15, 2023 Regarding Housing Services Comparative Statistics Report 2022 to 2021.
- e) Information Report dated February 15, 2023 Regarding Non-Profit Housing Provider Agreements.
- f) Information Report dated February 15, 2023 Regarding 10-Year Capital Asset Management and Funding Plan Update.

Carried.

Carried.

Committee P.M. - February 15, 2023 (page 5)

Reports Requiring a Motion

Report dated February 15, 2023 Regarding Child Care Expansion Plan

#9: Dennis/Roberts: That Staff be authorized to hire one temporary Project Coordinator, for a term of up to 18 months, with a focus on Child Care Expansion in Lambton County, provided that the costs of such hire be fully (100%) funded by the Province of Ontario.

Carried.

Adjournment

#10: Atkinson/Marriott: That the Chair declare the meeting adjourned with the next meeting to be held on Thursday, April 20 at 1:00 p.m. at the Lambton Heritage Museum, Grand Bend, Ontario

Carried.

Time: 11:11 a.m.

G. Atkinson
Chair

O. Léger
Solicitor/Clerk

