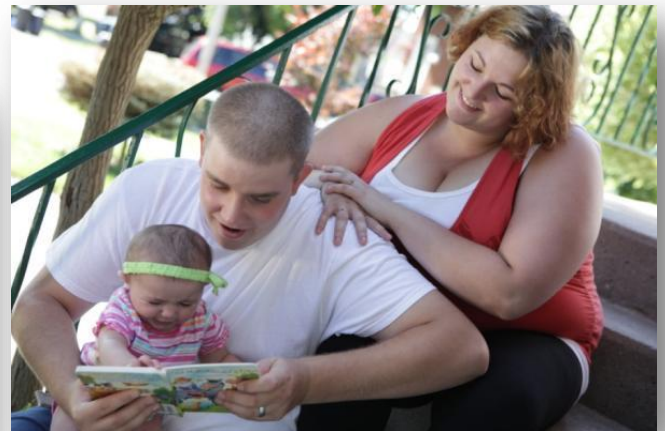




Strategic Plan

2013 - 2017

Peterborough County-City Health Unit
June 2013



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TIP: Certain words or terms have been highlighted throughout the document to indicate that they are included and further defined in the Glossary on page 11.

Message from the Board Chair & Medical Officer of Health

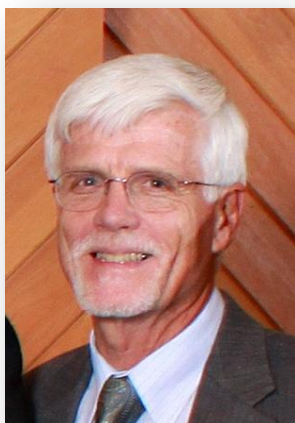
Our 2013-2017 Strategic Plan

On behalf of the Board of Health, we are very pleased to present to the community our new strategic plan. It's the culmination of many months of hard work and it rests squarely on a foundation of reaching out to, and connecting with, the many stakeholders who work with us, who use our services, who rely on us, each and every day. **We asked. You spoke. We listened.**

The plan looks forward, and sees opportunities. It is a serious and prudent plan that makes us proud. Most importantly, we intend to deliver on it.

And from it all - four strategic directions have emerged. They will serve to guide the Health Unit for the next five years in a way that reflects our community and its health needs. And, importantly, they provide a vision for our organization that is proud, caring, professional, action oriented, and measureable.

Naturally, given the complexity and the importance of public health, there are many challenges and opportunities before us. Of this we have no doubt. However, we are confident in the abilities of our wonderful staff members who work tirelessly to promote health and prevent illness in our region.

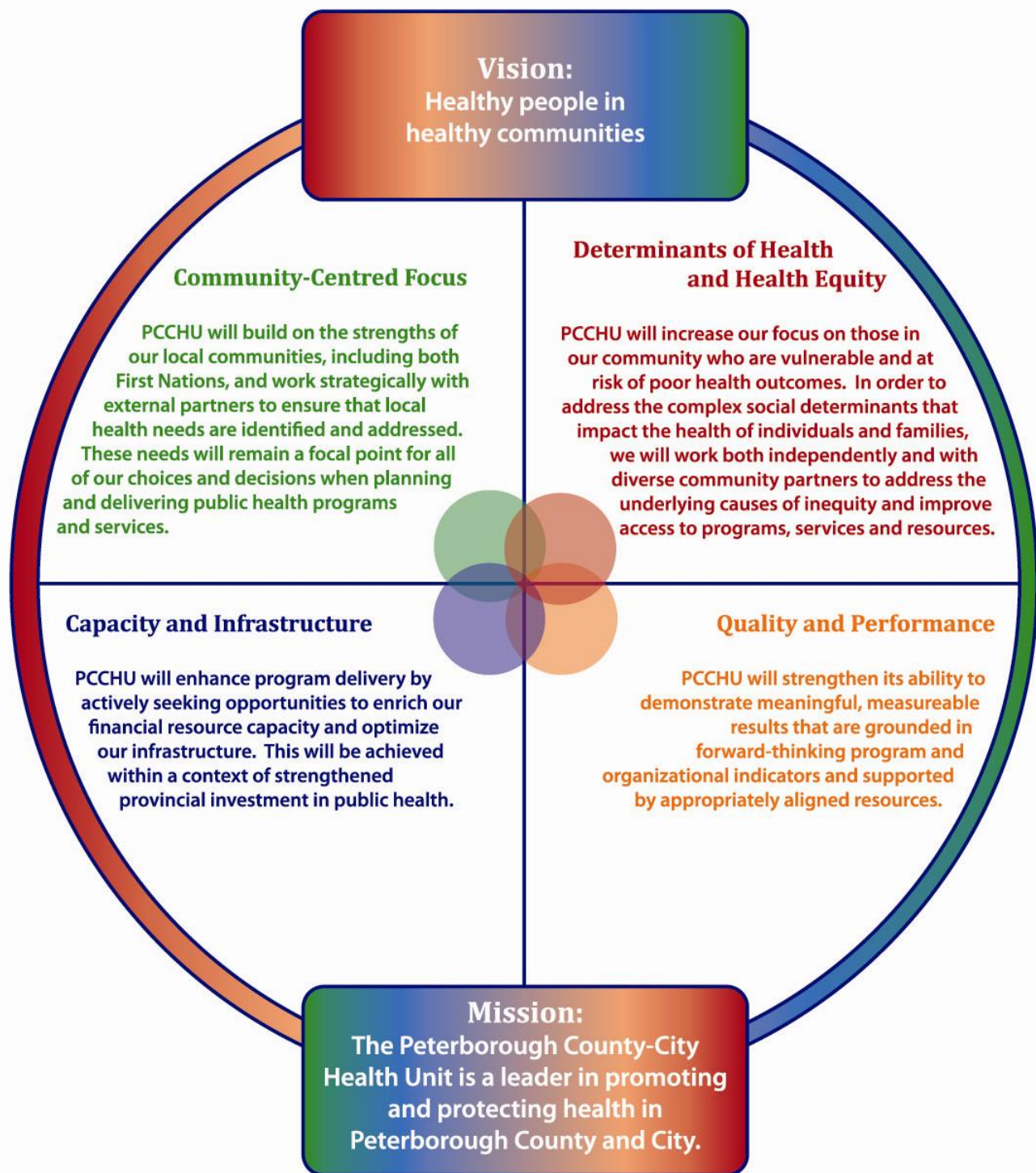


David Watton
Chair, Board of Health



Rosana Pellizzari, MD, CCFP, MSC, FRCPC
Medical Officer of Health

Our Plan At-A-Glance



About our Board of Health

The PCCHU Board of Health is responsible for the assessment, planning, delivery, management and evaluation of a variety of public health programs and services in our community. We are one of 36 public health boards in Ontario who are mandated by the provincial government through the [Health Protection and Promotion Act](#) to implement the [Ontario Public Health Standards](#). Our 11-member Board functions autonomously and is one of only a few Boards of Health in the province with First Nations, municipal and provincial representatives serving together.

Guided by the principles of the social determinants of health, our Board of Health is a strong advocate for important policy changes to improve public health at the local, provincial and federal levels. With a staff of approximately 120, the Health Unit has a proud history of making a positive difference in our community.

About the Role of Public Health

Public health is shaped by our social, economic and physical environments, as well as by our personal choices. Through community programs and by developing better health policies, PCCHU works to improve the living conditions of those in need for the benefit of all. We serve residents throughout the County and City of Peterborough, including Curve Lake and Hiawatha First Nations, and offer a wide range of programs and services ranging from healthy eating workshops, poverty reduction initiatives, and oral health clinics to controlling infectious disease outbreaks, water safety and sexual health clinic services.

Governing Frameworks

While our public health unit has many important factors to take into account when considering its strategic planning, the following governing frameworks were essential to this process:

- [Public Health Sector Strategic Plan](#)
- [Ontario Public Health Organizational Standards](#)

Social Determinants of Health:

The health of individuals and communities is significantly influenced by the social and economic conditions in which people live, the physical environment and the complex interactions between these factors. These collective influences are distinct from individual characteristics such as genetic make-up or personal health and lifestyle practices which also affect health. Social determinants include: income, education and literacy; conditions of early child development; social support and connectedness; employment and working conditions; physical environment and housing; access to health and social services; and issues of gender, class, racism and social exclusion.



Meeting the OPHS Strategic Planning Standards

The Ontario Public Health Organizational Standards: Leadership – 3.2 Strategic Plan, provides specific guidance to the field on what must, at minimum, be accomplished in, and evidenced by, a strategic planning process and final plan.

PCCHU is pleased to have met or exceeded these standards in this plan.

The Board of Health shall have a strategic plan and shall ensure that it:

- ✓ Expresses the philosophy/mission, a values statement, and the goals and objectives of the Board of Health;
- ✓ Describes how **equity issues** will be addressed in the delivery and outcomes of programs and services;
- ✓ Describes how the outcomes of the **Foundational Standard** in the 2008 OPHS (or as current), will be achieved;
- ✓ Establishes policy direction regarding a performance management and quality improvement system;
- ✓ Considers **organizational capacity**;
- ✓ Establishes **strategic priorities** for the organization that address **local contexts** and integrate local community priorities;
- ✓ Covers a three to five year timeframe;
- ✓ Includes the advice and **input of staff and community partners**; and
- ✓ Is reviewed at least every other year and revised as appropriate.

Strategic Planning Engagement Process – Fast Facts:

- More than 500 individuals participated in the process directly
- Representatives from more than 40 community and health care organizations and agencies attended focus groups to bring their perspectives to the process
- More than 60 members of the PCCHU staff responded to the voluntary survey, and 25 participated in working groups and focus groups
- The process included meeting with youth at a downtown café; attending a drop-in gathering at the Lighthouse Community Centre to hear from the vulnerable sector; hearing from young moms at a group meeting at the YMCA; visiting both local First Nation reserves; travelling to the County for open houses

Health Equity

Health equity is ensuring equal opportunities for good health for everyone. It means that all people, irrespective of ethnic or socio-economic status, sex or age, have equal opportunity to develop and maintain health through fair and just access to resources for health. Inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage. An example of health inequity is someone who cannot afford to eat nutritiously because the only foods they can access are those items donated to food banks.



Our Strategic Directions

Community-Centred Focus

PCCHU will build on the strengths of our local communities, including both First Nations, and work strategically with external partners to ensure that local health needs are identified and addressed.

These needs will remain a focal point for all of our choices and decisions when planning and delivering public health programs and services.

PCCHU WILL:	THIS MEANS:
Assess its partnerships and leverage those that address local health needs identified through surveillance , population health assessment and evaluation activities. This assessment will involve traditional and non-traditional sources of information; rely heavily on community and stakeholder engagement; and embrace a strengths-based philosophy (see Appendix One for more detail).	<ul style="list-style-type: none">• Collaborate with Curve Lake First Nation and Hiawatha First Nation to develop mechanisms to strengthen our working relationships.• A community engagement strategy and stakeholder engagement strategy are developed, tested and ready for implementation.• Strategic partnership development and commitment of resources to address local health needs are guided by social network analysis and other assessment or monitoring tools.
Investigate and implement a framework to guide decisions about whether a public health approach is an appropriate way to address identified local health needs and define PCCHU's role.	<ul style="list-style-type: none">• Short-term (1-3 years), medium-term (3-5 years) and long-term (5-15 years) strategic program priorities are identified and are central during annual planning cycles.
Play an active role in championing the establishment of a local data consortium recognizing that community agencies that collect, produce and analyze population and health data have expressed interest in collaboration .	<ul style="list-style-type: none">• Partners are confirmed and timeline is developed for the implementation of an accessible data consortium for the community.
Work with community residents and multi-sector stakeholders to maximize our contribution to the enhancement of healthy built and natural environments in keeping with the emerging role of public health in this area highlighted in the provincial Public Health Strategic Plan.	<ul style="list-style-type: none">• PCCHU will define and formalize public health's role in the development of healthy built and natural environments.• PCCHU Board and staff understand the role and scope and are active participants within effective strategic partnerships (e.g., City and County planning departments, First Nation Councils, private sector) on built and natural environment issues and processes.• The built and natural environment becomes a key component of a PCCHU-wide community and stakeholder engagement strategy.• PCCHU has defined a mechanism to showcase where progress has been made in support of healthy public policy.

Determinants of Health and Health Equity

PCCHU will increase our focus on those in our community who are vulnerable and at risk of poor health outcomes. In order to address the complex social determinants that impact the health of individuals and families, we will work both independently and with diverse community partners to address the underlying causes of inequity and improve access to programs, services and resources.

PCCHU WILL:	THIS MEANS:
Increase our efforts, wherever possible, to obtain <u>disaggregated data</u> and work more closely with community partners (i.e., through a local data consortium) to increase our knowledge of underlying living conditions, access to health services and programs, health behaviours, and the health status of <u>vulnerable populations</u> .	<ul style="list-style-type: none"> • PCCHU will carry out at least two focused analyses per year, based on organization-wide priorities. • The local impact of <u>social determinants of health</u> is communicated internally and externally in order to guide public health, as well as broader community-wide actions.
Incorporate into annual operational planning, a standard process with supporting tools to update <u>priority populations</u> and identify health equity-related issues, and as a result of this health equity assessment, make changes to programs and services.	<ul style="list-style-type: none"> • The Health Equity Mapping Checklist is incorporated as a standard activity for all PCCHU programs as a part of operational planning, beginning in 2014. • Additional health equity tools are reviewed and incorporated as they become available. • A health equity focus is incorporated into annual planning. • Program-specific actions and activities are implemented to meet the unique needs of vulnerable populations, and these changes are tracked.
Strive to reduce barriers and increase access to its programs and services in a consistent and purposeful way.	<ul style="list-style-type: none"> • A policy and procedure and/or position statement is developed for identifying and responding to barriers to PCCHU programs and services (e.g., financial costs, transportation, child care, time of day, location, welcoming atmosphere).
Determine the most appropriate approach to better connect with and engage vulnerable populations to guide our programs and services.	<ul style="list-style-type: none"> • Involving vulnerable populations becomes a key component of a PCCHU-wide community engagement strategy (including enhancing their role in identifying needs, planning, promoting, implementing and evaluating programs and services).
Fully engage the Board of Health and PCCHU staff in using a health equity lens to effectively respond to emerging public policy issues, both independently and together with diverse community partners.	<ul style="list-style-type: none"> • A framework is developed and applied for rapid health equity assessment and the development of appropriate policy recommendations (similar to the Wellesley Health Equity Lens for Policy Makers). • Analysis informs the program priority-setting process and supports coordinated action around public policy initiatives.

Quality and Performance

PCCHU will strengthen its ability to demonstrate meaningful, measureable results that are grounded in forward-thinking program and organizational indicators and supported by appropriately aligned resources.

PCCHU WILL:	THIS MEANS:
Develop stronger accountability systems and processes at every level of the organization.	<ul style="list-style-type: none">Establishing transparent reportable targets for improvements in program delivery, the work environment and user experience.
Build a culture of evaluation with clear accountabilities.	<ul style="list-style-type: none">PCCHU will develop and implement an Evaluation Capacity Building Plan that includes staff reporting mechanisms to demonstrate the impact and outcomes of interventions.
Strengthen workplace culture and invest in the leadership potential of every employee.	<ul style="list-style-type: none">PCCHU will continue to improve its performance in <u>Organizational Culture</u> indicators.More PCCHU employees are supported to attain their professional development goals.
Improve organizational performance each year in identified areas.	<ul style="list-style-type: none">An appropriate quality assurance and quality improvement framework will be established and implemented.

Capacity and Infrastructure

PCCHU will enhance program delivery by actively seeking opportunities to enrich our financial resource capacity and optimize our infrastructure. This will be achieved within a context of strengthened provincial investment in public health.

PCCHU WILL:	THIS MEANS:
Develop partnerships and investments to maintain the <u>infrastructure</u> and systems needed to improve access and enhance the level of service for the community.	<ul style="list-style-type: none">• A fundraising strategy will be developed and led by the Board of Health.• Volunteers will be included at the board level as appropriate.• Opportunities will be identified for increasing administrative capacity.
Achieve the most appropriate competency mix for realizing public health goals and objectives.	<ul style="list-style-type: none">• A <u>Human Resource Strategy</u> will be developed and reviewed annually.
Pursue the resources necessary to acquire the most suitable facility based on established infrastructure needs.	<ul style="list-style-type: none">• PCCHU staff are located in an appropriate facility that will meet public health needs of local communities for generations to come.
Use resources efficiently to ensure that equipment needed for program delivery is acquired and maintained.	<ul style="list-style-type: none">• An <u>Asset Management Strategy</u> is developed and reviewed annually.

Glossary

Asset Management Strategy - Broadly defined, asset management refers to any system that monitors and maintains things of value to the Board of Health. It can apply to both tangible assets such as buildings and to intangible concepts such as intellectual property and goodwill. Asset management is a systematic process of operating, maintaining, upgrading, and disposing of assets cost-effectively.

Collaboration - Collaborative practice is now central to the way we work, identify priorities and implement programs. Collaboration refers to individuals, programs or organizations 'working together' to identify opportunities and deliver services that are not easily or effectively achieved by working alone. By combining effort and expertise we produce benefits greater than those achieved through individual effort.

Disaggregation of data - Social determinants of health include elements of economic and social condition that influence the health status of individuals or groups of individuals. Data is disaggregated when a health status indicator, such as the presence or absence of disease, or immunization status, or birth weight, etc. is broken down by one or more of the determinants of health. Examples of disaggregation would be a report on prevalence of smoking by socio-economic status or breastfeeding rate by level of maternal education. Linking immunization rates to neighbourhoods that are then categorized by household income is another example of disaggregation.

Health Equity - Health equity is ensuring equal opportunities for good health for everyone. It means that all people, irrespective of ethnic or socio-economic status, sex or age, have equal opportunity to develop and maintain health through fair and just access to resources for health. Inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage. An example of health inequity is someone who cannot afford to eat nutritiously because the only foods they can access are those items donated to food banks.

Human Resource Strategy - This involves marshalling the productive labour capacity of the organization to align with its strategic directions. It requires determining future workforce needs and implementing solutions that may include practices and policies that ensure effective recruitment, skill development and training, succession planning and performance management.

Infrastructure - This refers to the basic physical and organizational structures and facilities (e.g., technological systems, buildings and contents, the staff and their knowledge and the capacity of the organization) needed for the successful operation of our public health programs.

Organizational Culture - The values and behaviours that contribute to the unique social and psychological environment of an organization. This includes an organization's expectations, experiences, philosophy, and values, and is expressed in its self-image, how it works, its relationships with the outside world, and its goals and vision. Organizational culture is based on shared attitudes, beliefs, customs, and written and unwritten rules that have been developed over time and are considered valid. It can be shown in different ways:

- (1) the ways the organization conducts its business, treats its employees, clients, and the wider community;
- (2) the extent to which freedom is allowed in decision making, developing new ideas, and personal expression;
- (3) how power and information and decisions flow through its hierarchy; and
- (4) how committed employees are towards collective objectives.

Performance Management - Performance management can focus on the performance of an organization, a department, employee, or even the processes to build and deliver a public health program. The goal of performance management is to ensure that goals are consistently being met in an effective and efficient manner. Performance management is also a process which helps us align resources, systems and employees to strategic objectives and priorities.

Priority Populations - Groups or communities who experience an increased burden of illness, increased risk for adverse health, and those who may experience barriers in accessing public health or other health services.

Social Determinants of Health - The health of individuals and communities is significantly influenced by the social and economic conditions in which people live, the physical environment and the complex interactions between these factors. These collective influences are distinct from individual characteristics such as genetic make-up or personal health and lifestyle practices which also affect health. Social determinants include: income, education and literacy; conditions of early child development; social support and connectedness; employment and working conditions; physical environment and housing; access to health and social services; and issues of gender, class, racism and social exclusion.

Stakeholders - A person, group or organization that has interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives and policies. Some examples of key stakeholders of PCCHU are staff, residents, community organizations, government (and its agencies), unions, and businesses - all of whom are affected by what we do and how we do it.

Surveillance - Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. We use many different information sources to do this including hospital data, census data, reports from sentinel physicians, school absenteeism reports, and local statistics. This helps us plan for public health emergencies and can act as an early warning system. It can help us determine the impact of our programs and track progress of our programs and activities.

Vulnerable populations – These are groups that experience a higher risk of poverty and social exclusion than the general population. New Canadians, the homeless, people dealing with substance abuse issues, isolated elderly people, lone parents and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

Appendix One: Strengths-Based Approach – Backgrounder

What Is a Strength Based Approach?

A strength-based approach is a manner of doing things rooted in the belief that people:

- and groups of people (i.e. organizations, neighbourhoods, communities) have existing competencies;
- have resources and are capable of learning new skills and solving problems;
- can use existing competencies to identify and address their own concerns; and
- can be involved in the process of discovery and learning.¹

A strength-based approach is a perspective more than a set of hard and fast rules. It strives to lead with the positive and values trust, respect, intentionality and optimism. Using a strength-based approach does not mean:

- you should never say no
- you fabricate strengths
- you should be overly complimentary or insincere
- you can't talk about needs, gaps and concerns.¹

A strength-based approach does not attempt to ignore problems and difficulties. Rather, it attempts to identify the positive basis of the person's/organization's resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems. A strength-based approach can be widely applied, and is not limited to working with children and youth.²

A strength-based approach at the community level is often referred to as “**Asset-Based Community Development (ABCD)**”. This term was coined by John McKnight and Jody Kretzmann at the [ABCD Institute](http://www.abcdinstitute.org/) in Illinois. The ABCD approach recognizes the strengths, gifts, talents and resources of individuals and communities, and assists communities to mobilize and build on these strengths for sustainable development.³

By focusing on assets rather than needs and gaps, energy is directed toward opportunities at the community level, while staying conscious of how the policy environment could be changed to further develop the capacity of residents to drive their own development.³

At the core of ABCD are the different assets (human, social, financial, natural and physical) that currently exist in a community, especially the formal and informal networks and associations that activate assets and strengthen the social relationships important for bridging local initiatives to external opportunities.³

Want to know more?

Asset Based Community Development at
<http://www.abcdinstitute.org/>

Core Principles of Strength-based Practice at
<http://www.ayscbc.org/Principles%20of%20Strength-2.pdf>

Strength-Based Approach: Improving the lives of our children and youth at
<http://www.acywr.org/wp-content/uploads/2011/09/SBA-Backgrounder.pdf>

Embracing a Strengths-based Perspective and Practice in Education at
<http://www.ayscbc.org/Strengths-Based%20School%20Culture%20and%20Practice.pdf>

¹ *Strength-Based Approach: Improving the lives of our children and youth at* <http://www.acywr.org/wp-content/uploads/2011/09/SBA-Backgrounder.pdf>

² *Principles of Strength-based Practice at* <http://www.ayscbc.org/Principles%20of%20Strength-2.pdf>

³ *About ABCD at* <http://coady.stfx.ca/themes/abcd/>

Appendix Two: Board of Health / Strategic Plan Working Group Members

Board of Health

David Watton, Chair, Provincial Appointee

Phyllis Williams, Vice Chair, Chief, Curve Lake First Nation

Andrew Beamer, Councillor, City of Peterborough

Henry Clarke, Councillor/Deputy Mayor, City of Peterborough

Jim Embrey, Provincial Appointee

John Fallis, Mayor, Cavan-South Monaghan Township

Paul Jobe, Provincial Appointee (retired, March 2013)

Lesley Parnell, Councillor, City of Peterborough

Andy Sharpe, Deputy Mayor, Havelock-Belmont-Methuen Township

Trisha Shearer, Councillor, Hiawatha First Nation

Mary Smith, Mayor, Smith-Ennismore-Lakefield Township

Strategic Planning Working Group

David Watton, Chair, Board of Health

Andy Sharpe, Past Chair, Board of Health

Brittany Cadence, Communications Supervisor

Jennifer Chenier, Health Promoter, Planning, Evaluation and Grants

Jane Hoffmeyer, Health Promoter, Healthy Public Policy

Dr. Rosana Pellizzari, Medical Officer of Health

Christine Post, Health Promoter, Poverty and Health

Larry Stinson, Director, Public Health Programs

Sarah Tanner, Supervisor, Oral Health Programs

Ruth Walker, Public Health Nurse, Social Determinants of Health