

# *Moving Upstream*

*Leeds, Grenville & Lanark District Health Unit*

## *Strategic Plan*

**2013 - 2018**



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*This report is the culmination of many people's creativity, passion, analysis, and conviction that public health programs and services can make a difference in the lives of people living in Leeds, Grenville and Lanark. Directors, Managers, and staff participated on committees, submitted ideas, and read drafts in order to produce this report. The Board of Health provided strong support for both the process and the outcome.*

The following bodies provided direct support to the plan's development:

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- David Coombs, Upper Canada District School Board
- John Jordan, Lanark Health and Community Services
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This Strategic Plan will provide direction to the work of the Health Unit for the years 2013-2018. The previous Health Unit Strategic Plan, *Moving Upstream 2006-2012*, recognized the importance of looking at the underlying factors that influence health and health behaviours and was grounded in a commitment to continuous quality improvement and the principles of organizational excellence.

*Moving Upstream 2013-2018* builds on the foundation of the previous plan. The plan consists of 3 key components:

- 1. Health Unit Identity**, consisting of mission, vision and value statements.
- 2. External Strategic Direction** identifying health goals and program strategies that will impact on the underlying factors that influence health and health behaviours in order to achieve key health outcomes.
- 3. Internal Strategic Direction**, identifying key accountability and organizational goals and strategies that are necessary to achieve organizational excellence.

## Health Unit Identity

**Mission Statement:** To promote and protect the health of people who live, learn, work and play in Leeds, Grenville and Lanark through public health leadership, services, communication and community collaboration.

**Values:** The following value statements will guide the behaviour of all staff in the delivery of programs and services, as well as the internal functioning of the Health Unit:

- ◇ Integrity: To act ethically, honestly, and reliably.
- ◇ Respect: To interact with professionalism and sincerity, with our diverse community.
- ◇ Caring: To serve with compassion, dedication and empathy.
- ◇ Accountability: To accept responsibility for our decisions and actions.
- ◇ Fairness: To challenge injustice and inequity, by acting with courage and reason.
- ◇ Quality: To strive for excellence through continuous learning and improvement.
- ◇ Client-Centred Service: To deliver responsive, accessible, and effective programs and services, in collaboration with our community.
- ◇ Healthy Workplace Environment: To create an organizational culture that supports professional growth, while maintaining a healthy balance between work and personal life.

### Community

#### Vision Statement:

- ▶ Healthy people in healthy communities.

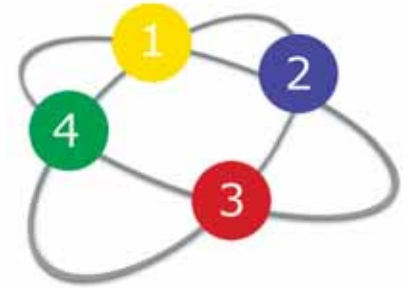
### Organizational

#### Vision Statement:

- ▶ Organizational excellence.

## Health Goals and Population Outcomes

Four health goals have been identified within the 2013-2018 Strategic Plan, and they will provide direction for all program work done within the Health Unit. For each goal, specific population outcomes have been identified which will be the focus for Health Unit programs and services:



### Goal #1 Healthy Baby/Child/Youth Growth and Development.

- ▶ A baby/child/youth friendly community exists in Leeds, Grenville & Lanark.
- ▶ Children have effective parenting.
- ▶ Children and Youth have Developmental Assets®.

### Goal #2 Healthy Living for all Residents.

- ▶ Residents participate in regular outdoor physical activity & play.
- ▶ Residents eat healthy foods.
- ▶ Residents maintain oral health.
- ▶ Residents manage stress and have positive mental health.
- ▶ Residents keep immunizations up-to-date.
- ▶ Residents make healthy, active choices re: sexuality, tobacco, alcohol, drugs, injury, infection prevention.

### Goal #3 Health Equity within the Population.

- ▶ Residents have food security.
- ▶ Residents have strong social connections.
- ▶ Residents have access to healthy living opportunities.
- ▶ Residents have access to public health services.

### Goal #4 Healthy Environments.

- ▶ Residents live in an environment with healthy air, water and food.
- ▶ Childcare and residential care settings are hygienic.
- ▶ Residents live in a healthy built environment.

The goals are interconnected and mutually dependent. Children with healthy development are more likely to make choices for healthy living. Healthy environments support healthy living choices and healthy child development and improve health equity, so that there is less disparity within the population. More residents having access to good housing, adequate income and clothing, healthy food, and recreation opportunities will contribute to healthy child development and healthy living.

## Executive Summary

The selection of the strategies and activities to improve the population outcomes will be guided by the Ontario Public Health Standard principles of community strengths & needs, the potential impact of program/services, the capacity of the Health Unit to respond, and the presence of collaboration and partnership.

Strategies include:

- ▶ **Health Promotion and Policy Development:**  
Develop personal knowledge/skills, create supportive environments, strengthen community action, reorient health services, and build healthy public policy.
- ▶ **Prevention:**  
Provide preventive services: education, skill development, access to resources, screening and referral, immunization, infectious disease follow-up.
- ▶ **Health Protection:**  
Provide education, inspection, assessment, monitoring and enforcement of legislation.

### Accountability Goal

#### Effective and Efficient Programs and Services.

The Results Based Accountability (RBA) Framework is a disciplined way of thinking and taking action that can be used to build accountability measures into programs and services. Two strategies will be used to implement the RBA: expand the current surveillance system to measure Population Accountability; and expand information on programs and services to measure Performance Accountability.



## Organizational Goals

Using Excellence Canada's Framework for Excellence as a foundation, the internal organizational goals and strategies have been structured around six quality drivers.

- 1. Leadership Driver** - Effective, responsive leadership team.
- 2. Planning Driver** - Public health planning and practice that responds efficiently and effectively to current and evolving conditions.
- 3. Client Driver** - Clients and community satisfied with and engaged in programs and services.
- 4. People Driver** - Workplace that supports wellness and strengthens the capacity of the workforce.
- 5. Process Driver** - Consistent, effective management of key organizational processes.
- 6. Partner Driver** - Strategically aligned collaborative partnerships.

The selection of strategies to achieve the organizational goals was based on a thorough assessment of the internal environment and will be guided by requirements in the Ontario Public Health Organizational Standards.

## Implementation

Indicators will be developed to track progress on the implementation of the strategic plan, including the population outcomes and the organizational goals, and specific performance indicators for process and impact. Regular performance reports will be provided to the Board, partners, the community, municipalities, and the provincial government.







The Strategic Plan will provide direction to the work of the Health Unit for the years 2013-2018. The previous Health Unit Strategic Plan, *Moving Upstream* 2006-2012, recognized the importance of looking at the underlying factors that influence health and health behaviours. While most of the health care budget for Ontario is directed downstream to the treatment part of the health continuum, there are tremendous gains to be made by focusing on the prevention of health problems. Healthy eating, regular physical activity, stress management, and avoiding injury, smoking, and substance abuse all contribute to optimum quality of life and being able to learn and work effectively, as well as, to reducing the risk of developing both chronic and infectious disease. Healthy child development provides the basis for lifelong health. Meeting the basic needs of food, shelter, clothing and safety has perhaps the greatest impact on health for people with healthy behaviours.

The **external strategic direction** of this current plan identifies health goals and program strategies that will impact on the underlying factors that influence health and healthy behaviours in order to achieve key health outcomes.

A healthy organization with strong leadership and productive staff is essential for effective and efficient public health programs and services, which will ultimately contribute to the achievement of the key health outcomes identified in this plan. The previous strategic plan was grounded in a commitment to continuous quality improvement and the principles of organizational excellence. The Health Unit has been a member of Excellence Canada for many years and has adopted its Framework for Excellence, which is a “principle-driven, criteria-based way to improve performance” (1). *Moving Upstream* 2013 – 2018 builds on this foundation and structures the **internal strategic direction** around six quality drivers, identifying key goals and strategies that are necessary to achieve organizational excellence. An accountability goal and strategies demonstrates our commitment to both population and performance accountability.

Leeds, Grenville and Lanark has an abundance of natural beauty, concerned and interested residents, committed politicians, and strong partnerships. Working together, the health of the population can be strengthened, and in so doing increase quality of life, economic productivity and sustainability of our communities.

## Process Used to Develop the Strategic Plan

An external environmental assessment was conducted with a review of local and provincial health data, a review of evidence for effective interventions that was conducted as part of the in-depth Program Review completed in 2011, and a review of other organizations' strategic plans. An internal environmental assessment was conducted by reviewing the previous strategic plan, internal data from staff surveys and focus groups, and results from the 2011 Organizational Review conducted by Western Management Consultants.

A Staff/Management Think Tank reviewed the internal and external data and identified key areas for work. A draft set of strategic directions was circulated among Board members, partners, and staff for feedback. A Steering Committee with representatives from the Board of Health, management, staff and community members provided context and shaped the plan from both an internal and external perspective.

## Implementing the Plan

The Strategic Leadership Team, consisting of the Medical Officer of Health and the Directors, will be responsible for implementing the Strategic Plan. Annual operational plans will be developed to implement the strategic directions identified in this plan using a planning framework based on Results-Based Accountability (2) .

Indicators will be developed to track progress on the implementation of the strategic plan including the population outcomes and the organizational goals, and specific performance indicators for process and impact. Regular performance reports will be provided to the Board, partners, the community, municipalities, and the provincial government.

The plan will be widely circulated to municipalities and community partners and placed on the Health Unit website for access by the public. A media campaign will communicate the new plan to community members.



The Health Unit officially opened on July 1, 1947 to serve the municipalities of Leeds and Grenville. In 1967, Lanark District joined the organization, which then became the Leeds, Grenville and Lanark District Health Unit (LGLDHU). In 2007, the Health Unit celebrated its 60th anniversary and in 2010, the organization achieved 20 years of continuous accreditation with the Ontario Council on Community Health Accreditation.

### Core Business

The Health Unit provides public health programs and services to improve the health of its residents in collaboration with other health units, the provincial government, Public Health Ontario, local municipalities, and many local and provincial partners. Programs and services are all based on three public health functions which serve as our core business:

► **Promote physical, mental and social health.**

*“Health is the ability to realize aspirations, satisfy needs and cope with a changing environment – it is a resource of living” (3).*

Healthy children and teens learn well, form healthy relationships, and make wise behavior choices. Healthy adults contribute to effective economic productivity, have healthy relationships, parent effectively, make wise behavior choices, and contribute to the community. As a whole, a healthy population is more resilient and able to respond to community challenges such as emergencies, economic hardship, and tragedy.

► **Protect our communities from infectious diseases, and environmental hazards.**

A high level of immunization in the population protects both children and adults from serious infectious diseases. It has led to a decrease in severe childhood illnesses from infectious diseases such as pertussis, diphtheria and measles. Effective outbreak management decreases the number of individuals in long-term care homes or hospitals who become ill. Contacting and treating individuals who have been exposed to an infectious disease such as HIV, can decrease its spread in the community. Safe water, food and air are critical to avoid both acute and chronic disease.

► **Prevent chronic disease and injuries.**

Chronic disease such as cancer, heart disease, mental illness, and diabetes along with injuries from falls, self-harm and motor vehicle crashes have replaced infectious diseases as the major causes of death and disability. The cost of health services required to manage chronic disease and injuries is threatening the sustainability of the health care system and has a tremendous economic burden in lost productivity. Fortunately, about 50% to 75% of many chronic disease and most injuries are preventable.

## Strengths

### Our Strengths

#### Board of Health

The Health Unit is governed by an autonomous Board of Health, consisting of seven municipal representatives and six provincial representatives. They provide governance and strategic direction to the work of the Health Unit bringing the local context to public health issues.

#### Committed, Competent Staff

Current staff complement is 148.6 FTEs, filled by approximately 154 people working in a wide range of public health and administrative roles. All are involved in on-going staff development activities.

#### Strong Partnerships

Shifting the health of the population is a complex undertaking and requires many different organizations and involved community members to work together. Strong partnerships at the tri-county level, within Lanark and Leeds-Grenville and at the local municipality level facilitate this shift to greater health.

#### Community Service Delivery Model

In 2012, a major reorganization took place for the Health Unit along with a shift in the service delivery model. Staff is now organized into community teams to provide a client focus to our work, increased accessibility to programs and services, and to facilitate collaboration with local partners and community members. Processes have been developed to ensure quality and consistency in programs and services with local variation based on community need.

A variety of service sites exist across the region - owned offices in Smiths Falls and Brockville provide a full range of services with administrative support, and rented service sites in Kemptville, Gananoque, Perth and Almonte ensure staff is located and provides services within all parts of the region. Many partners also contribute places where programs and services can be provided close to where residents live to increase accessibility.



*Brockville Office*



*Smiths Falls Office*

## Legislative basis for work

The Health Protection and Promotion Act (HPPA) “provide(s) for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.” (4) Additional legislation provides support for other programs such as childhood immunization, and non-smoking environments.

## Ontario Public Health Standards (OPHS)

The Health Unit has strong programs based on the Ontario Public Health Standards (OPHS) . The Ministry of Health and Long-Term Care publishes the OPHS under the authority of the HPPA. The OPHS outline the minimum mandatory core programs and services with which all Boards of Health in Ontario must comply (5). The Health Unit tailors this core set of services based on our local needs, impact, capacity and partnerships.

## Organizational Standards

The provincial government has outlined the expectations for the effective governance of Boards of Health and effective management of Public Health Units with Organizational Standards. These Organizational Standards have been implemented or are being implemented to promote organizational excellence, establish the foundation for effective and efficient program and service delivery and contribute to a public health sector with a greater focus on performance, accountability and sustainability (6).

## Evidence-based programs

The Health Unit uses a variety of quantitative and qualitative evidence to identify priorities and strategies to improve the health of our local residents. Regular reviews of programs and services are conducted and adjustments made as needed. The Ontario Public Health Standards is based on available scientific evidence and Public Health Ontario regularly provides scientific updates on key topics which inform our decision making.



# Challenges

## Our Challenges

### Geography

Approximately 165,000 people live in 22 municipalities within the large geographical area called Leeds, Grenville and Lanark. Most (60%) live in the rural area and it is a constant challenge to ensure programs and services are accessible to all (7). Widely dispersed throughout the tri-county are 14 long-term care homes, 15 retirement homes, 9 hospital sites, 69 licensed day nurseries, 1253 food premises, 84 schools in three school boards and about 500 small drinking water systems. This poses challenges for efficient service delivery and staff travel to remote locations.



### Funding

Only 1.5% of the provincial health budget is allocated to public health. With limited funding, the Health Unit is not able to effectively implement all of the mandated programs in the Ontario Public Health Standards, nor respond to all partner and community initiated projects.



### Complexity of Population Health

The factors influencing health are complex, interconnected and hard to change in the short-term. Living in poverty has a major impact on health and behavior choices. The built environment (roads, buildings, stores, housing, recreation centres, parks, trails, etc.) influences how we move about the community and the opportunities for being active, eating healthy food, breathing clean air, avoiding injuries and exposure to cigarette smoke. While awareness and knowledge is important, our behaviour choices are also influenced by what people around us do, and factors that enable and reinforce behaviour change.

The geographic area of Leeds, Grenville and Lanark (LGL) consists of 22 municipalities. The municipalities in the northern part of the region are part of the upper tier level Lanark County, except for the town of Smiths Falls. All municipalities in the south, except Brockville, Gananoque and Prescott, are part of the United Counties of Leeds & Grenville. The LGL area encompasses a geographic footprint of 6330 square kilometers with an average population density of 25.7 persons per square kilometer (7).

## Population Distribution

According to the 2011 Census of Canada, the population count for LGL was 164,973 people (99,306 in the United Counties of Leeds and Grenville, and 65,667 in Lanark County) (8). The distribution of this population varies considerably between municipalities. Mississippi Mills, North Grenville, Rideau Lakes, and the city of Brockville contain the greatest number of people compared to other municipalities in LGL (Figure 1).

CSD_Name	Pop2011
Brockville	21870
North Grenville	15085
Mississippi Mills	12385
Rideau Lakes	10207
Carleton Place	9809
Elizabethtown-Kitley	9724
Leeds and the Thousand Islands	9277
Smiths Falls	8978
Drummond/North Emsley	7487
Augusta	7430
Beckwith	6966
Edwardsburgh/Cardinal	6959
Perth	5840
Tay Valley	5571
Gananoque	5194
Lanark Highlands	5128
Prescott	4284
Montague	3483
Athens	3118
Merrickville-Wolford	2850
Front of Yonge	2680
Westport	628

### Population as % of Total

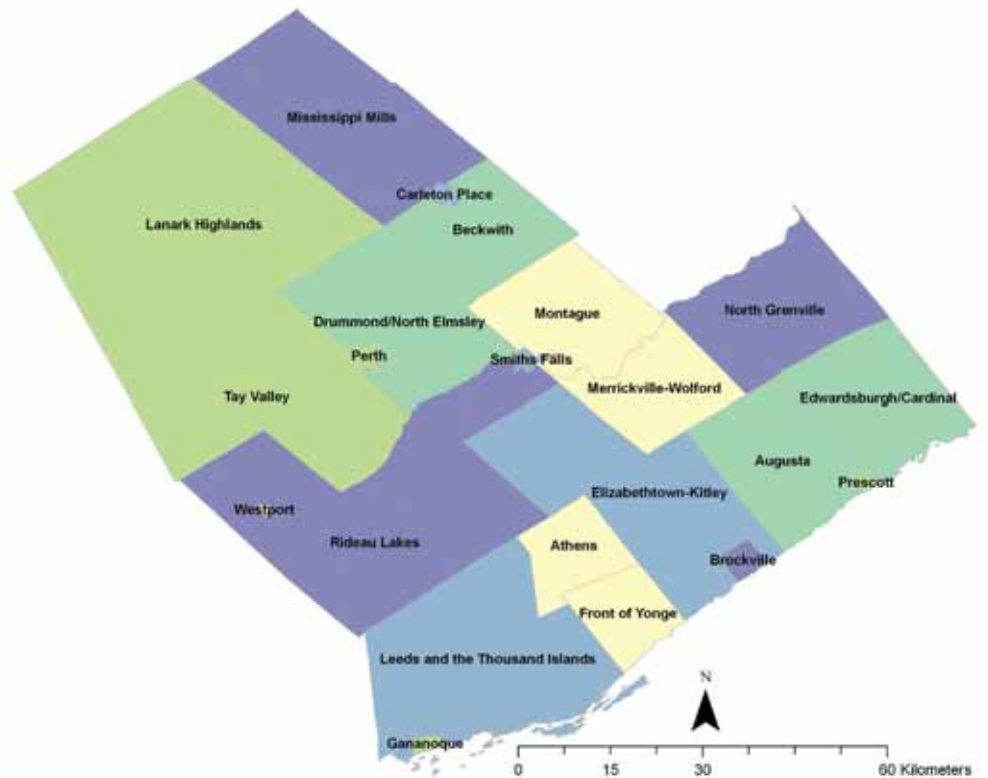


Figure 1: Population Count by Municipality (2011 Census of Canada)

## Population Growth

Our overall population growth was 2.4% from 2001 to 2006 and 1.2% from 2006 to 2011 (3.0% for Lanark County and 0.1% for Leeds and Grenville) (7, 8). Municipalities located within a horseshoe pattern around the city of Ottawa (North Grenville, Montague, Beckwith, Carleton Place, and Mississippi Mills) experienced a much greater population growth. Municipalities along the St. Lawrence River were either neutral in population growth or experienced a loss in population (Figure 2).

CSD_Name	PopPercChng
Beckwith	9.4
Montague	8.5
North Grenville	6.2
Mississippi Mills	5.5
Drummond/North Elmsley	5.2
Edwardsburgh/Cardinal	4.0
Carleton Place	3.8
Prescott	2.5
Athens	1.0
Brockville	-0.4
Merrickville-Wolford	-0.6
Lanark Highlands	-1.0
Perth	-1.1
Tay Valley	-1.1
Augusta	-1.1
Rideau Lakes	-1.4
Gananoque	-1.7
Leeds and the Thousand Islands	-1.7
Smiths Falls	-2.0
Westport	-2.6
Front of Yonge	-4.4
Elizabethtown-Kitley	-4.7

### Population % Change 2006-2011

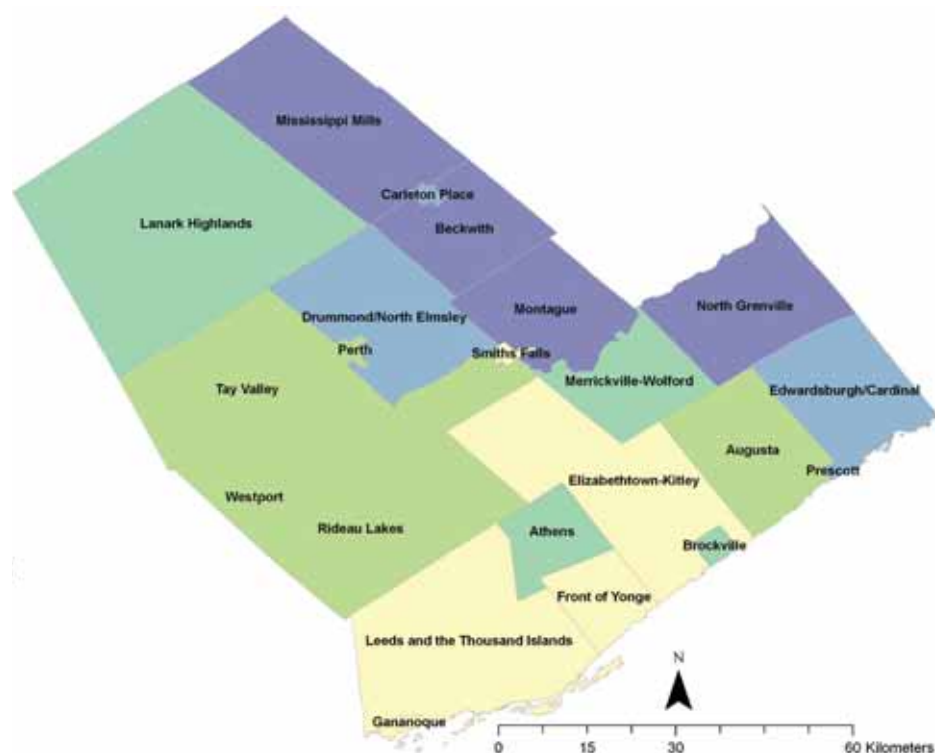
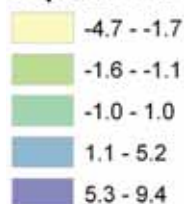


Figure 2: Inter-census Population Change by Municipality (2011 Census of Canada)



# Population Profile

## Aging Population

Data from the 2006 and 2011 Censuses suggest large-scale changes in the age distribution of Canada's population as a result of an aging population. This is due, in part, to increased longevity and a low fertility rate. Figure 3 illustrates the predicted long-term trend in changes in population age distribution for LGL with a dramatic shift to an older age cohort between 2006 and 2021.

The percentage of the population aged 24 and under in LGL was 26.8% in 2011 compared to 30.3% for Ontario overall. In the LGL area, seniors aged 65+ formed 19.2% of the population in 2011 compared to 14.6% for Ontario overall (7, 8).

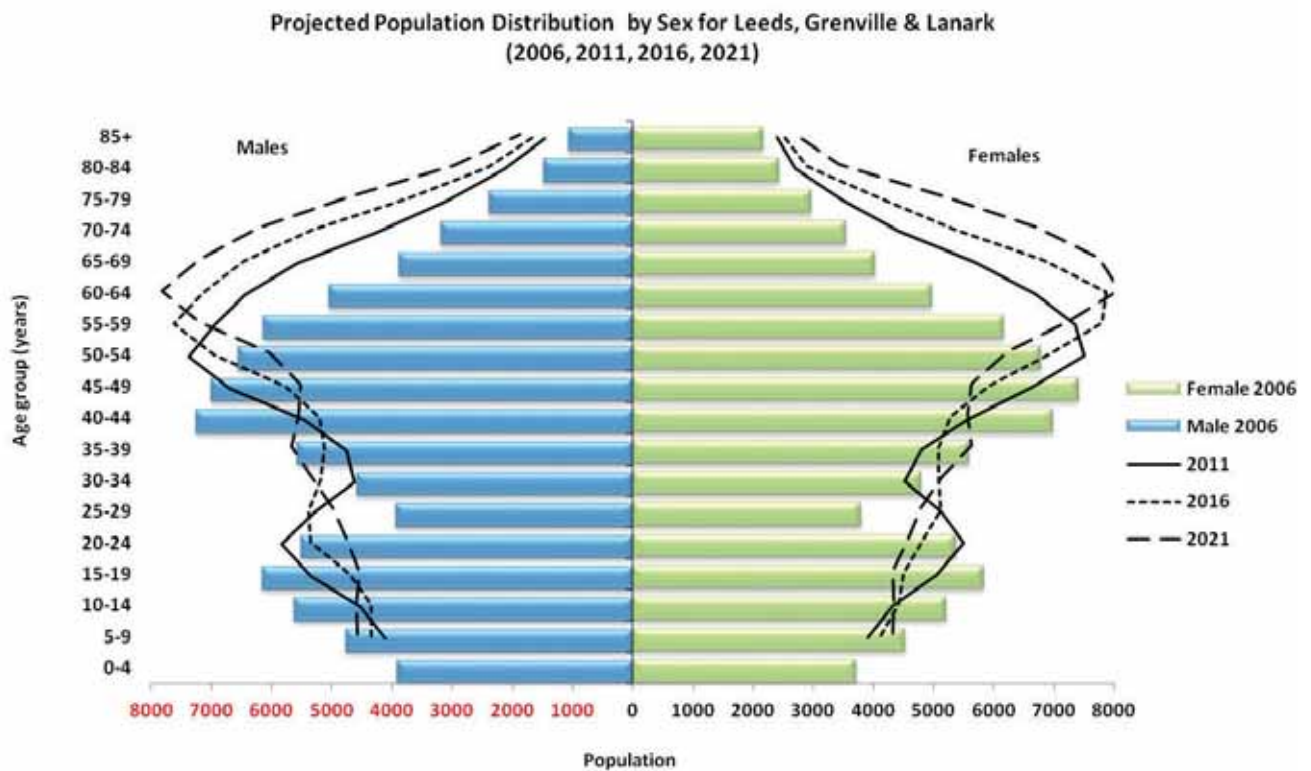


Figure 3: Population Aging Trends for LGL  
(Population Estimates [2006-2021], Ontario MoHLTC, IntelliHEALTH ONTARIO,  
Extracted: 15 Jan 2013)

# Strategic Plan

The Health Unit strategic plan consists of the following key components: the Health Unit Identity, Health Goals and Strategies, Accountability Goal and Strategies, and Organizational Goals and Strategies. These components have been represented visually into a schema (Figure A). The shape of the schema emphasizes that the work of the Health Unit is interconnected and fluid. Dashed lines have been used between the various components to represent the flow between program, accountability, and organizational goals and strategies.

The schema begins at the top with the community vision, health goals and key population outcomes of the plan, along with the program strategies that the Health Unit is mandated to provide in the Ontario Public Health Standards. The Accountability Goal and Strategies demonstrate a commitment to both population and performance accountability. Organizational goals provide focus to achieve organizational excellence. Health Unit values have been placed around the outside of the schema to unite the program and organizational components of the plan. The foundational principles are used to guide program and organizational decision-making and tailor programs to local circumstances.

Each of the key components of the strategic plan will be described in more detail in the following pages.



*Vision without action  
is merely a dream.  
Action without vision  
just passes the time.  
Vision with action  
can change the world.*

- Barker, 1992

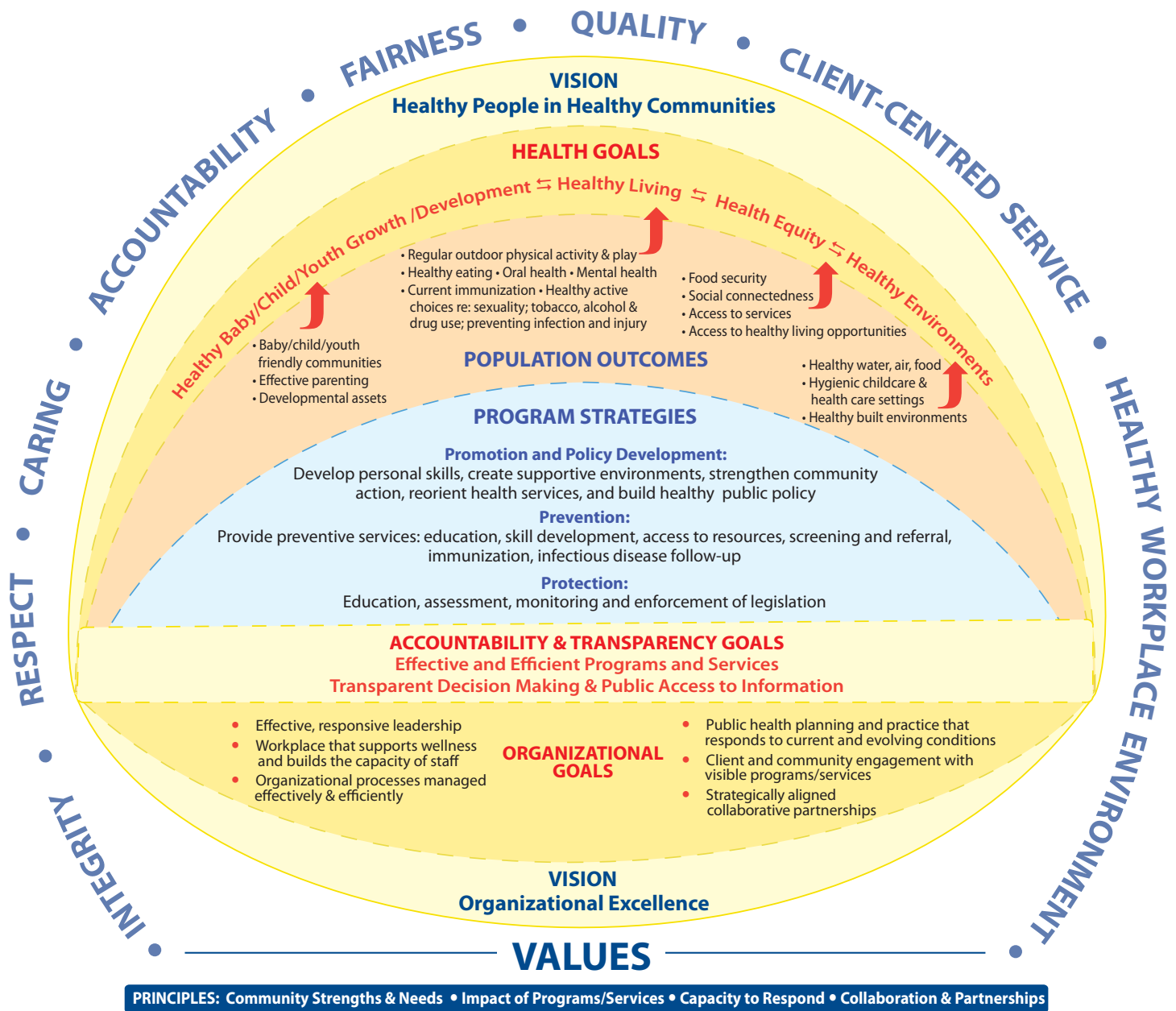


Figure A

# Health Unit Identity

### Mission Statement:

To promote and protect the health of people who live, learn, work and play in Leeds, Grenville and Lanark through public health leadership, services, communication and community collaboration.



### Community Vision Statement:

Healthy people in healthy communities.

### Organizational Vision Statement:

Organizational Excellence.

*Your Partner  
in Public Health*

### Values

Achievement of both the community and organizational visions will be enabled by the following value statements to guide the behaviour of all Health Unit staff:

- ▶ **Integrity:**  
To act ethically, honestly, and reliably.
- ▶ **Respect:**  
To interact with professionalism and sincerity, with our diverse community.
- ▶ **Caring:**  
To serve with compassion, dedication and empathy.
- ▶ **Accountability:**  
To accept responsibility for our decisions and actions.
- ▶ **Fairness:**  
To challenge injustice and inequity, by acting with courage and reason.
- ▶ **Quality:**  
To strive for excellence through continuous learning and improvement.
- ▶ **Client-Centred Service:**  
To deliver responsive, accessible, and effective programs and services, in collaboration with our community.
- ▶ **Healthy Workplace Environment:**  
To create an organizational culture that supports professional growth, while maintaining a healthy balance between work and personal life.



## Goals

Four health goals have been identified within the 2013-2018 Strategic Plan, and they will provide direction for all program work done within the Health Unit. The goals are:

1. **Healthy Baby/Child/Youth Growth and Development.**
2. **Healthy Living for all Residents.**
3. **Health Equity within the Population.**
4. **Healthy Environments.**

The goals are interconnected and mutually dependent. Children with healthy development are more likely to make choices for healthy living. Healthy environments support healthy living choices and healthy child development and improve health equity, so that there is less disparity within the population. More residents having access to good housing, adequate income and clothing, healthy food, and recreation opportunities will contribute to healthy child development and healthy living. For each goal, specific population outcomes have been identified which will be the focus for Health Unit programs and services.



## Strategies

A Population Health Approach (9) provides the basis for all strategies and activities undertaken by the Health Unit to contribute to the goals and population outcomes. This approach looks at the whole population where they live, work, learn, and play. This is in contrast to the clinical setting where the main focus is on individuals who come for treatment. The focus is to both maintain and improve the health status of the population, and also to reduce inequities in health status among population groups by:

- ◇ Assessing the health of the population;
- ◇ Addressing the underlying determinants of health and their interactions;
- ◇ Basing decisions on evidence;
- ◇ Using multiple strategies;
- ◇ Collaborating across multiple sectors;
- ◇ Involving the public;
- ◇ Demonstrating accountability.



The Ontario Public Health Standards outline the strategies that are within the mandate of all public health units:

▶ **Health Promotion and Policy Development:**

Develop personal knowledge/skills, create supportive environments, strengthen community action, reorient health services, and build healthy public policy (3).

▶ **Prevention:**

Provide preventive services: education, skill development, access to resources, screening and referral, immunization, infectious disease follow-up.

▶ **Health Protection:**

Provide education, inspection, assessment, monitoring and enforcement of legislation.

# Health Strategies

The Health Unit will also continue to support program development and implementation by investing in population health assessment and surveillance, research and knowledge exchange and program monitoring and evaluation (included in the Foundational Standard of the Ontario Public Health Program Standards).

The selection of the activities within each strategy will be guided by the following principles:

▶ **Community Strengths & Needs**

A community has strengths such as knowledge, skills, people interested in working on an issue, people already adopting a behaviour, infrastructure etc. These will support and enhance any program provided by the Health Unit.

▶ **Impact of Program/Services**

While evidence of a program's effectiveness is important, it is also necessary to consider whether programs that have worked elsewhere will work in the Leeds, Grenville and Lanark area. Sometimes locally grown solutions which include an evaluation component have the greatest potential for success.

▶ **Capacity of the Health Unit**

The skill set among staff, available technology and resources, and the availability of sufficient staff time to make a difference will influence which programs and services will be provided.

▶ **Collaboration and Partnerships**

The Health Unit can only achieve the health goals and population outcomes of the plan by collaboration with partners. So, the presence of others willing to work on specific initiatives will guide the work the Health Unit undertakes.



# 1. Healthy Growth & Development

## What is it?

Being born healthy, growing and developing to a child's optimal potential are the basic ingredients of lifelong health. Healthy growth and development includes the physical, cognitive, social, emotional and communication/general knowledge domains. With healthy development, children can optimize learning, make friends and form healthy relationships, be creative, and problem-solve – all essential skills to be happy and have good quality of life. The first six years are critical for brain development that not only is important for learning, but will also influence the rest of the child's life.



## What influences it?

Research supports that the following factors influence whether a child will have healthy development:

- ◇ During the prenatal period - absence of genetic problems, avoiding any infectious diseases (rubella, syphilis, etc.), getting good health care early, healthy eating, regular physical activity, having support for good mental health, and avoiding stress, tobacco and substance use during pregnancy, along with early recognition of preterm labour.
- ◇ During early childhood - breastfeeding, healthy eating, avoiding infectious diseases, regular health care/developmental assessment, good maternal mental health, effective parenting, physical activity, participation in early child development programs (playgroups, licensed childcare, etc.), avoiding environmental tobacco smoke and other toxins (mercury, lead, etc.), having a safe environment that reduces the risk of injury (safe sleep environment, use of car seats, homes free from abuse, violence or neglect, etc.) and oral health care.
- ◇ For children ages 5 to 12- regular play and physical activity, healthy eating, oral health care, developmental assets, self-esteem, adequate social support (friends and family), effective parenting, healthy risk taking, success at school, avoiding exposure to violence and infectious disease.
- ◇ During the teen years - good nutrition, healthy sexuality, adequate social support (peers and families), effective parenting, access to employment/avoiding poverty, education, access to supportive services including health care, access to knowledge/information, life skills, avoiding substance use and injury, and avoiding exposure to violence and infectious disease.
- ◇ For all ages - Nurturing environment, adequate family income, parental education, social support, parental health practices, culture, healthy air, water and food.



# 1. Healthy Growth & Development



## Population Health Outcomes

To promote healthy growth and development of infants, children and youth, the Health Unit will focus on promoting the following three population outcomes:

### 1. A baby/child/youth friendly community exists in Leeds, Grenville and Lanark.

A baby/child/youth friendly community has good housing for families, lots of accessible safe places to play outdoors, access to healthy food, opportunities for children to develop new skills (sports, music, dance), adults outside the family who care for the children in the community, and acceptance of diversity.

The Health Unit will focus on the following program strategies to enhance Leeds, Grenville and Lanark being a baby/child/youth friendly community:

- ◇ Advocating for equitable/accessible recreation and play opportunities for all children and youth.
- ◇ Working towards Baby Friendly Initiative designation and advocating for baby friendly policies in workplaces, municipal sites, stores, shopping centers, etc.
- ◇ Raising awareness of the importance of the community in providing baby/child/youth friendly support.

### 2. Children have effective parenting.

A nurturing home environment for children includes: providing opportunities for play, intellectual stimulation, love and acceptance, and meeting the child's needs, while establishing expectations, and boundaries for behaviour. Parenting is a complex undertaking for everyone and all parents benefit from information and support. Breastfeeding provides an excellent nutritional start for babies and it also decreases the risk of chronic health problems later in life. While 85% of women start breastfeeding, only 47% are still breastfeeding by the time the baby is six months of age (10).

The Health Unit will focus on the following program strategies to improve parenting capacity among parents and caregivers in our community.

- ◇ Information to parents in collaboration with partners using a variety of sources including webpage, media, social media, newsletters, workshops, and group sessions.

# 1. Healthy Growth & Development

- ◇ Encouraging peer-to-peer support.
- ◇ Facilitating use of the Triple P Parenting program throughout the tri-county.
- ◇ Facilitating and enhancing breastfeeding support.
- ◇ Providing support to parents through the Healthy Babies/Healthy Children program.
- ◇ Advocating for equitable/accessible parenting support throughout the tri-county.
- ◇ Collaborate with professionals in the community with tools and materials to support evidence-based practice.



## 3. Children and Youth have Developmental Assets®

According to the Search Institute, “Developmental Assets®” are 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults (11). Research has found that the more assets a child or youth has, the greater the probability is that he/she will be successful at school, exhibit leadership, control impulses, overcome adversity, maintain health and a healthy life-style. They are less likely to engage in alcohol use, binge drinking, smoking, drug use, sexual intercourse, criminal behavior, aggressive and bullying behaviors, and other excessive risk taking. A 2008 survey (12) in Leeds-Grenville of 2500 students in grades 4 to 12 found:

- ◇ **Among students in grades 4 to 6:** 5% had 10 or fewer, 24% had 11 to 20, 43% had 21 – 30 and 28% had 31 to 40 of the Developmental Assets®.
- ◇ **Among students in grades 7 to 12:** 22% had 10 or fewer, 49% had 11 to 20, 43% had 21 to 30, and 4% had 31 to 40 of the Developmental Assets®.

While these numbers are consistent with surveys of students in other locales it highlights the need for more work in our area, particularly among youth.

# 1. Healthy Growth & Development

Developmental Assets® fall into two categories:

- ◇ **External Assets:** support, empowerment, boundaries and expectations, constructive use of time;
- ◇ **Internal Assets:** commitment to learning, positive values, social competencies, and positive identity.

The whole community can help young people develop these assets including family, neighbours, service providers, educators, service clubs, coaches, politicians and more.

The Health Unit will focus on the following program strategies to improve Developmental Assets among children and youth in our community.

- ◇ Raising awareness of the importance of the Developmental Assets® and encouraging people to consider how they can be an asset builder.
- ◇ Working with childcare providers and schools to incorporate the building of Developmental Assets® into the classroom, childcare and school community.
- ◇ Participate in the Child/Youth Coalitions in Leeds, Grenville and Lanark. Collaborate with professionals in the community with tools and materials to support evidence- based practice.



## 2. Healthy Living

### What is it?

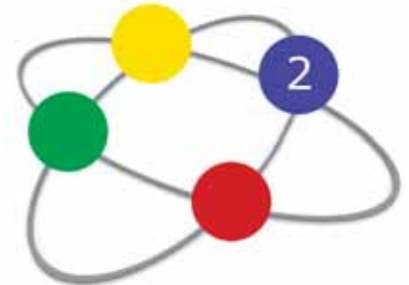
Healthy living benefits everyone. The economic productivity of a community is directly tied to the health of the community. The body requires healthy food, regular physical activity, sleep, rest and relaxation to function well at home, school and work. Everyone faces challenges and stresses in life and positive mental health provides a basis for coping well and dealing with adversity. Positive mental health also supports healthy relationships and being able to contribute to the community. Healthy teeth and gums allow food to be chewed and processed to get nutrients from it, and a healthy smile contributes to positive self-esteem and success in the world.

Healthy living also reduces the risk of injuries, infections and health problems. While this is essential for all ages, it is critical for adults over age 50 when the risk of chronic diseases increases dramatically. Being active on a regular basis and eating well delays the aging process which contributes to chronic diseases like arthritis, heart disease, stroke and osteoporosis, and reduces falls and the risk of hip fracture, a leading reason why seniors have to enter a long-term care home. Even if individuals have a chronic disease, healthy living will slow the disease progression and improve quality of life. This will mean less use of expensive hospital services.

An important part of healthy living is making healthy choices. Residents are faced with many choices throughout their lives, for example, to smoke or not, when to engage in sexual activity, to drink alcohol or not, to use drugs or not, to take risks or not. Unhealthy choices can contribute to health problems e.g. smoking contributes to lung cancer, intravenous drug use contributes to HIV and hepatitis C, while speeding and impaired driving contributes to motor vehicle crashes resulting in disability and death.

Data from the 2011 Canadian Community Health Survey suggest many residents do have healthy behaviours but more needs to be done so all benefit from healthy living (13a).

- ◇ 38 % adults report eating more than 5 servings of fruits and vegetables daily
- ◇ 47 % adults have a healthy weight
- ◇ 32 % adults are active on a regular basis
- ◇ 82 % adults are not heavy drinkers of alcohol
- ◇ 75 % adults are non-smokers
- ◇ 81 % of students in grades 7 to 12 have not smoked in the previous year (from the 2009 Ontario Drug Use Survey ) (13a)



### What influences it?

Healthy behaviours are influenced by:

- ◇ personal factors such as knowledge, attitudes, skills, experiences, family norms
- ◇ social norms such as not drinking and driving
- ◇ environmental factors such as access to walking and biking trails.
- ◇ policies such as non-smoking by-laws
- ◇ fiscal measures such as the cost of bike helmets

### Population Health Outcomes

To promote healthy living of all residents, the Health Unit will focus on the following population outcomes:

#### 1. Residents participate in regular outdoor physical activity & play.

All physical activity contributes to a healthy body and mind but being outdoors adds an important benefit. Being in nature contributes to calming the brain, increasing creativity, decreasing anger and aggression, and enhanced learning (14, 15).

Children need unstructured play to help develop creativity, self awareness and self discovery. This form of play allows children to engage in activities that are free flowing and don't have established rules. They set their own parameters and test out fundamental life skills such as problem solving strategies, negotiation techniques and learn how to be self directed.

The Health Unit will focus on the following program strategies to encourage residents to participate in regular outdoor physical activity and play:

- ◇ Provide, in collaboration with partners, information to parents and residents using a variety of sources including webpage, media, social media, workshops, prenatal classes, family drop-in sessions.
- ◇ Work with partners to increase opportunities for outdoor physical activity.
- ◇ Work with partners in the Making Play Possible Program for children in the region.
- ◇ Work with partners on school travel planning so children walk or bike to school where possible.
- ◇ Collaborate with professionals in the community with tools and materials to support evidence-based practice.



## 2. Healthy Living

### 2. Residents eat healthy foods.

Adequate nutrition is essential to the overall health and vitality of residents. Healthy foods provide bodies with proper nutrients needed to develop and maintain both physical health and mental well-being. Eating well is associated with a lower incidence of nutrition related chronic conditions such as heart disease, stroke, obesity, type 2 diabetes, certain types of cancer and depression. There are many factors that determine food choices/what people eat including: knowledge, skills, determinants of health and perceived barriers. It is also important that the environments, in which people live, work and learn, support healthy eating.

The Health Unit will focus on the following program strategies to encourage and empower residents to eat healthy foods:

- ◇ Provide in collaboration with partners, information to all residents regarding healthy eating and the factors that influence food choices using a variety of sources including webpage, media, social media, presentations, consultations, prenatal education, family drop-in sessions, and home visits.
- ◇ Provide nutrition support to priority groups (such as pregnant and postpartum women, individuals of low socio-economic status and youth) and agencies/service providers that work with these groups.
- ◇ Work with community partners to develop policies that support healthy eating and healthy food access in public places, food premises, schools and workplaces.
- ◇ Collaborate with professionals in the community with tools and materials to support evidence-based practice.



### 3. Residents maintain oral health.

Having a healthy smile is not only important to appearance and self-esteem, but also to overall health. Periodontal disease (or gum disease) has been linked to many health conditions such as respiratory infections, cardiovascular disease, diabetes, and low birth weights. Pain from infections and dental caries also have a negative impact on one's ability to focus on learning at school or working at their job. Unlike other aspects of the body, care for teeth and gums is not covered under the provincial health insurance program (OHIP). This means that individuals must pay out of pocket or have private insurance in order to get the care they need to keep their mouth healthy. Unfortunately, many in the community do not have insurance or the ability to pay to see a dental provider leaving them at risk for developing oral health issues. The oral health screening program conducted by Health Unit staff in schools identified that 25% of the children screened had evidence of dental decay.

The Health Unit will focus on the following program strategies to improve access to dental care providers and the oral health status of our community:

- ◇ Provide information to residents in collaboration with partners using a variety of sources including webpage, media, social media, presentations, prenatal classes, family drop-in sessions, and home visits.
- ◇ Provide universal oral health screening to children in Leeds, Grenville and Lanark through our partnership with schools.
- ◇ Provide funding to eligible children in need of treatment (CINOT) for urgent dental related issues.
- ◇ Provide funding to eligible children for ongoing preventive and restorative dental care through the Healthy Smiles Ontario program.
- ◇ Provide fluoride varnish applications to eligible children of families working with our Healthy Babies Healthy Children program.
- ◇ Provide community based preventive and restorative dental clinics to eligible children and families (including cleaning, mouthguards, fluoride varnish applications, x-rays and fillings).
- ◇ Monitor drinking water quality reports for municipalities where fluoride is added and respond accordingly when levels fall outside optimal guidelines.
- ◇ Work with our health care partners to better incorporate oral health assessments into their practices.
- ◇ Work with partners to improve access issues to dental care providers in our community.



#### 4. Residents manage stress and have positive mental health.

People who have well balanced mental, physical, emotional and spiritual lives are happier and make a significant contribution to the community. Much unhealthy behavior, such as overeating, drinking and substance use, are responses to stress. Bullying, traumatic events, lack of a nurturing environment, and inadequate social support can negatively affect mental health and resiliency.

Being physically active, eating well and having healthy relationships can build resiliency to cope with life's challenges and to avoid unhealthy behaviours. For children and teens, building developmental assets leads to resiliency and healthy choices. For people with any chronic health problem, improving their mental health can help with the adjustment to the illness and improve quality of life.

## 2. Healthy Living

The Health Unit will focus on the following program strategies to increase positive mental health among residents:

- ◇ Work with partners to build Developmental Assets among children and youth.
- ◇ Advocate and work with community partners to improve social support.
- ◇ Provide information to all residents in collaboration with partners using a variety of sources, including webpage, media, social media, newsletters, workshops, prenatal classes, family drop-in sessions.
- ◇ Work with partners to support programs and initiatives which improve empathy and prevent bullying among children and youth.
- ◇ Promote a well balanced approach to life skills development and problem solving.

### 5. Residents keep immunizations up-to-date.

In the first part of the 20th century, infectious diseases such as diphtheria, polio and measles killed many children and caused disabilities. Other wound and lung infections also contributed to death and chronic health problems. An improved standard of living, immunization, antibiotics, and supportive care all contributed to a dramatic change in the last half of the 20th century.

A key public health role to prevent infectious diseases is to promote healthy living and immunization, a critical primary defense against infection. The Health Unit will focus on the following program strategies to increase the number of residents who have up-to-date immunizations:

- ◇ Review immunization status of children in childcare and schools.
- ◇ Work with partners to ensure cold chain is maintained in refrigerators storing vaccines in primary care and other settings.
- ◇ Provide school immunization clinics for HPV, Hepatitis B and meningococcal disease and promote their use among students and parents.
- ◇ Provide travel clinics with basic immunizations and consultation on travel requirements and safety.
- ◇ Provide information to all residents in collaboration with partners using a variety of sources including webpage, regular and media, social media, workshops, prenatal classes, family drop-in sessions.







### **6. Residents make healthy active choices re: sexuality, tobacco, alcohol, drugs, injury, and infection prevention.**

Health is a journey not a destination and everyone starts at a different point. Each decision made or each action taken has some sort of impact on well being. It is important to know these implications when choices are made. Even knowing these consequences will not always persuade people to abstain from participating in high risk behaviours. In these instances the goal is to reduce the risk of illness or harm as much as possible.

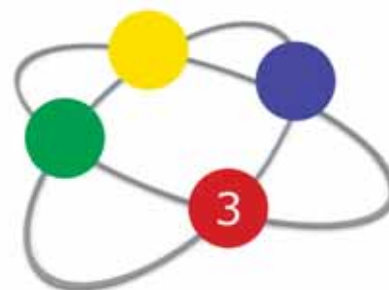
The Health Unit will focus on the following program strategies to reduce the risk of illness or injuries while participating in risky behaviours:

- ◇ Provide information to residents in collaboration with partners using a variety of sources including webpage, media, social media, presentations, newsletters, clinics, prenatal classes, family drop-in sessions, and home visits.
- ◇ Provide sexual health services to teens and young adults that address contraception, comprehensive pregnancy counseling, and for all residents testing and treatment for sexually transmitted infections.
- ◇ Follow-up reportable diseases.
- ◇ Provide education and enforcement of the Smoke Free Ontario legislation and the tobacco control program.
- ◇ Promote smoking cessation strategies.
- ◇ Work with partners to address substance misuse issues in our communities.
- ◇ Provide a comprehensive harm reduction program, including needle exchange.
- ◇ Provide support through the Healthy Babies Healthy Children program in collaboration with community partners (including Children's Aid) to families where parents are involved in risky behaviours.
- ◇ Facilitate peer-to-peer education for falls prevention.

## 3. Health Equity

### What is it?

Everyone should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, age, gender, or ethnic background. However, research has shown that all people don't have the same access to good health. Children living in poverty have greater difficulty learning, more behavior problems, more anxiety and depression, and more injuries. Adults have more infectious disease and chronic health problems, like diabetes.



One in ten children in Leeds, Grenville and Lanark live in poverty which means these families struggle on a daily basis to have adequate housing, food and clothing (7). A family of four living on minimum wage would need to use 38% of their income to purchase healthy food each week. It costs \$764 per month to feed a family of four. (16) This is impossible to do so hard choices have to be made about paying the rent, buying food or clothes. A single person on social assistance makes only \$599 per month and this has to pay for housing, food, and all other necessities of life.

Health equity work strives to address the challenges that prevent all residents from having the opportunity to reach their optimal health.

### What influences it?

The social determinants of health are factors that have a significant impact on an individual's access to health and health-related behaviour. (17). They include:

- ◇ Income and Social Status
- ◇ Social Support Networks
- ◇ Education and Literacy
- ◇ Employment/Working Conditions
- ◇ Social Environments
- ◇ Physical Environments
- ◇ Personal Health Practices and Coping Skills
- ◇ Healthy Child Development
- ◇ Biology and Genetic Endowment
- ◇ Health Services
- ◇ Gender
- ◇ Culture

## Population Health Outcomes

To promote health equity among residents, the Health Unit will focus on the following population outcomes:

### 1. Residents have food security.

Food security exists when people “can get enough food to eat that is safe, that they like to eat, and that helps them to be healthy. They must be able to get this food in ways that make them feel good about themselves and their families.” (18)

The Health Unit will focus on the following program strategies to improve food security:

- ◇ Provide information to residents in collaboration with partners using a variety of sources including webpage, newsletters, regular media, social media, and presentations.
- ◇ Conduct annual Nutritious Food Basket Survey to determine local food affordability and share results.
- ◇ Advocate and raise awareness for issues around food security and poverty.
- ◇ Work with partners to find solutions around food security and poverty locally.
- ◇ Work with partners to develop food charters for Leeds, Grenville and Lanark.



### 2. Residents have strong social connectedness.

Social connectedness refers to the relationships people have with others and the benefits these relationships can bring to the individual as well as to society. It includes relationships with family, friends, colleagues and neighbours, as well as connections people make through paid work, sport and other leisure activities, or through voluntary work or community service. These relationships help people to feel they belong and have a part to play in society. People who feel socially connected also contribute towards building communities and society. They help to create what is sometimes called “social capital”, the networks that help society to function effectively. People with more friends and connections are generally happier, healthier and better off, and that happiness spreads through social networks. Social connectedness is fostered when family relationships are positive, and when people have the skills and opportunities to make friends and to interact constructively with others.

### 3. Health Equity

The Health Unit will focus on the following program strategies to improve social connectedness:

- ◇ Provide information to residents in collaboration with partners using a variety of sources including webpage, newsletters, media, social media, and presentations.
- ◇ Work with partners to improve access to social support and connectedness for priority groups.
- ◇ Explore opportunities for inclusion of volunteers in Health Unit programs and services.
- ◇ Supporting and promoting Youth Engagement opportunities.



#### 3. Residents have access to healthy living opportunities.

Barriers such as cost and transportation limit whether some members of the community are able to participate in opportunities for healthy living such as joining sports clubs, going to recreation centers, and community gardens.

The Health Unit will focus on the following program strategies to improve access to healthy living opportunities:

- ◇ Information to residents about the availability of programs including subsidies in collaboration with partners using a variety of sources including webpage, media, social media, newsletters and presentations.
- ◇ Advocate and support community initiatives and policies that address access to affordable housing, shelter, clothing, recreation opportunities, healthy food etc.
- ◇ Work with communities to raise awareness of the issues surrounding access to healthy living opportunities and encourage all residents to be part of the solution.

### 4. Residents have access to public health services.

The Health Unit has and will continue to work on improving access to its programs and services and addressing challenges that residents may experience in getting the support they need to make the best choices for the health of themselves and their families.

The Health Unit will focus on the following program strategies to improve and enhance access to public health services and programs for the residents of Leeds, Grenville and Lanark:

- ◇ Information to residents on Health Unit programs in collaboration with partners using a variety of sources including webpage, media, social media, newsletters and presentations.
- ◇ Provide 24/7 access to a Health Unit representative to handle urgent public health issues, including community emergencies.
- ◇ Offer programs and services through many different venues/sites in various communities to allow easier access for clients (Health Unit offices and service delivery sites, community sites, schools, Community Health Centres, Early Years Centres, Libraries, etc).
- ◇ Operate a 1-800 phone line that will link residents with appropriate public health staff to answer questions and provide information.



## 4. Healthy Environment

### What is it?

The physical environment residents live in influences the air they breathe, the water they drink, and the quality of food they eat. All three are essential for health. Breathing unhealthy air contributes to asthma and makes allergies, chronic lung and heart disease worse. Unsafe water and food that is contaminated by chemicals, or bacteria and virus can lead to serious illness and death.

The built environment, such as roads, parks, trails, recreation sites, housing, schools, and workplaces, also contributes to health and the prevention of health problems. Paving the shoulders of roads makes it easier for bikes and cars to share the road. Workplaces with showers facilitate people being active during their lunch hour or on the way to work. Trails and parks encourage people to get outside and benefit from nature. Trees, plants and benches in the shopping area encourage people to walk and shop.

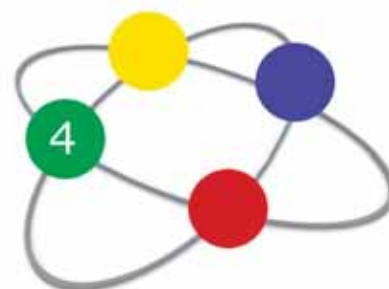
### What influences it?

The importance of safe water, food and air are well recognized in the community, and policies and processes support their safety at the municipal level and among food and residential premises. Water in lakes and rivers is susceptible to whatever is upstream so reducing run-off from farms and livestock, wild water fowl, leaves and other organic material, and drainage from municipal storm sewers is desirable. Climate change is affecting the level of water in rivers and lakes and their organic composition as the water heats up.

Information, knowledge, and skills influence home well water quality testing, and safe food handling practices in the home. Wells need to be well constructed, and at a distance from possible contamination from septic system or other run-off.

Food can be contaminated with bacteria and viruses or chemicals during growing, picking, storage, handling, preparation and serving, but it is easy to prevent infection using appropriate methods. Most food comes from outside the Leeds, Grenville and Lanark District and it is usually not known what has been given to livestock or plants to enhance growth or production.

The most common indoor and outdoor air pollutant is still tobacco smoke and it contributes to allergies, asthma, lung cancer and makes chronic lung and heart disease worse. While much progress has been made in protecting the public from exposure to tobacco smoke, community members, including children and teens, are exposed to tobacco smoke at outdoor recreation sites and sports events in many parts of our region.





Society's complex, high speed lifestyle contributes to the expectation that the built environment will make schools, workplaces and stores easily accessible by car. Policy makers are challenged to invest limited public dollars to make areas more walkable or accessible by bike.

## Population Health Outcomes

To promote healthy environments for all residents, the Health Unit will focus on the following three population outcomes:

### 1. Residents live in an environment with healthy water, air and food.

The Health Unit will focus on the following program strategies to improve the water, food and air in Leeds, Grenville and Lanark:

- ◇ Provide a variety of education opportunities in person and web-based to operators and staff of food premises, small drinking water systems, childcare and residential settings and other premises where the publics' health may be impacted.
- ◇ Inspect, assess, monitor and enforce public health regulations in designated settings.
- ◇ Monitor the 23 beaches over the summer, and communicate this information to the public.
- ◇ Conduct risk assessments of environmental hazards and recommend or order remedial action.
- ◇ Provide information to all residents in collaboration with partners using a variety of sources including webpage, regular and social media, workshops on the importance of buying local food and safe food practices, well water testing, and non-smoking environments.
- ◇ Work with municipalities to create by-laws for smoke-free recreation and public spaces.



## 4. Healthy Environment

### 2. Childcare & residential care settings are hygienic.

Young children learn by sensory exploration including touching and tasting surfaces. Their immune systems are still developing and infection can spread easily in the child care setting without good infection control practices.

People who are in hospital or live in long-term care or retirement homes are at higher risk for infections because they are in a group setting and often have chronic health problems. Many respiratory and enteric infections are spread through person-to-person contact. In Leeds, Grenville and Lanark, there are on average 25 outbreaks in long-term care homes each year. Universal precautions and outbreak management are critical to prevent the spread of infection.

The Health Unit will focus on the following program strategies to enhance hygienic childcare and residential care settings:

- ◇ Education, consultations and provision of resources on infection control for childcare settings, long-term care and retirement homes.
- ◇ Consultation during outbreaks of communicable diseases.
- ◇ Information to childcare settings, and residents of long-term care and retirement homes on infection control, and inspection of these settings to monitor practices.
- ◇ Tracking trends in communicable diseases using a variety of methods including the Syndromic Surveillance System which tracks reasons for visits to emergency departments at regional hospitals.
- ◇ Information to the public using a variety of approaches.







### 3. Residents live in a healthy built environment.

The built environment has a potential to expose the population to environmental hazards if monitoring and inspection are not carried out. On average 195 investigations are conducted annually on potential environmental hazards. Further, the built environment affords opportunities for health options such as bike lanes, walking paths to industrial developments, and subdivision planning.

Transportation policies tend to focus on the best ways to move cars around the community and could be expanded to consider how to help people move around the community using a variety of means. Roads built for cars are not always friendly for bikes or walking. Stores, schools, and workplaces are not often close to where people live. This has meant that people don't walk and bike very much as part of their regular day contributing to low levels of physical activity for many people.

Some municipalities have developed trails strategies to encourage people to enjoy nature and be physically active. More could be done to ensure children with varying abilities and disabilities have safe places to play outdoors, families can be active outside together, workplaces offer physical activity options, and roads are built so walkers, runners, cyclists and cars all share the road.

The Health Unit will focus on the following program strategies to enhance the built environment.

- ◇ Develop a Healthy Community Charter in collaboration with the Healthy Community Partnership, local municipalities, community organizations and the public.
- ◇ Provide information to municipal policy makers on health promoting features of the built environment and work with them to make changes in the built environment.
- ◇ Support municipalities to implement the health-related components of their Integrated Community Sustainability Plans.
- ◇ Provide information to the public on the importance of the built environment for health using a variety of strategies.
- ◇ Assist community partners to develop healthy policies related to reducing exposure to health hazards and providing healthy living options in association with built environments.

# Accountability & Transparency Goals & Strategies

## Accountability Goal

*Health Unit programs and services are effective and efficient.*

### What is it?

The Board of Health is firstly accountable to Leeds, Grenville and Lanark residents, and then to the funders (provincial and municipal governments) for the wise use of resources entrusted to it. Both the residents and the funders expect Health Unit staff to provide effective and efficient programs and services that will promote and protect health, and prevent health problems. Sharing information with the community, the funders and partners about how community health needs are being met, and about program effectiveness and efficiency closes the accountability loop.

The **Results Based Accountability (RBA) Framework** is a disciplined way of thinking and taking action that can be used to build accountability measures into programs and services (2). The RBA starts with ends or results and works backwards toward effective programs and services and has two components:

- ▶ **Population accountability** recognizes that promoting health is not the responsibility of one agency or program but instead it is the responsibility of the whole community. Multiple agencies contribute to achieve a population health goal and they are all accountable to the community itself.
- ▶ **Performance accountability** is about one organization and its programs and services to ensure that they are working well and having the desired impact.

There are four important ideas or terms used in the RBA system. The principal distinction in these definitions is between ends and means. Results and indicators define the desirable end conditions. Strategies and performance measure define the means used to get there.

- ▶ **Population Accountability**
  - **Results:** (or outcome or goal) is a population condition of well-being for children, adults, families and communities, stated in plain language.
  - **Indicator:** (or benchmark) is a measure that helps quantify the achievement of a result.
- ▶ **Performance Accountability**
  - **Strategy:** a coherent collection of actions that has a reasoned chance of improving results.
  - **Performance measure:** is a measure of how well a program, agency or service system is working.

# Accountability & Transparency Goals



## Strategies

The RBA system relies on strong information systems at both the population and program levels, including indicator development, data collection, analysis, and interpretation, and the on-going use of that information to increase effectiveness and efficiency of programs. This information is also used for reporting to residents, funders and partners.

### 1. Expand the current surveillance system to measure Population Accountability.

#### ◇ Strategies:

- a. Develop indicators of the population health outcomes listed in the strategy.
- b. Analyse existing data sources.
- c. Develop new data sources.
- d. Build and use Geographical Information Systems to analyse and report data.
- e. Work with staff, management and partners to include data in program planning.
- f. Respond to requests for information on population health from partners.
- g. Produce regular reports on population health for staff, the public, municipalities and partners.

### 2. Expand information on programs and services to measure Performance Accountability.

#### ◇ Strategies:

- a. Develop RBA program indicators for strategy and performance.
- b. Assess community strengths and challenges on an ongoing basis.
- c. Conduct evidence reviews for program effectiveness during the planning cycle.
- d. Conduct regular program monitoring and evaluation.
- e. Work with staff and management to include community and research evidence in program development and improvement.
- f. Work with partners on research to foster new knowledge.

# Accountability & Transparency Goals & Strategies

## Transparency Goal

*Enhanced transparency in decision making and public access to information.*

### What is it?

Transparency is about operating in such a way that it is easy for others to see what actions are performed and what decisions are made. It is about providing access to information that is relevant, timely, useful and accurate.

The Ministry of Health and Long-Term Care has made transparency a priority. The aim is to ensure access to information that evokes confidence in the public health sector and enhances the public's ability to make informed decisions about their health.

The Health Unit will work collaboratively with the Ministry of Health and Long-Term Care and the public health sector to implement transparency initiatives, in order to improve how we disclose information to the public.

## Accountability for Reasonableness Framework

It is important for organizations to use fair and transparent processes when making decisions. The *Accountability for Reasonableness Framework* facilitates open and transparent decision making and priority setting processes that engage stakeholders constructively, ensures publicly defensible decisions, and supports decision-makers' accountability for managing limited resources. It has been used to guide decision making in healthcare organizations nationally and internationally.

### There are 5 key principles in the *Accountability for Reasonableness Framework*, including:

- ▶ **RELEVANCE:** Decisions should be based on reasons (i.e., evidence, principles, values, and arguments) that fair-minded people can agree are relevant under the circumstances.
- ▶ **PUBLICITY:** Decision processes should be transparent and rationales should be publicly accessible.
- ▶ **REVISION:** There should be opportunities to revisit and revise decisions in light of further evidence or arguments, and there should be a mechanism for resolving disputes.
- ▶ **EMPOWERMENT:** There should be efforts to optimize effective opportunities for participation in priority setting and to minimize power differences in the decision-making context.
- ▶ **ENFORCEMENT:** There should be a leadership commitment to ensure that the first four conditions are met.

# Accountability & Transparency Goals

## Strategies

- 1. Assess feasibility for public reporting and allocate resources as required.**
- 2. Develop criteria for public reporting, working with the Ministry of Health and Long-Term Care and other health units.**
- 3. Strengthen existing reporting practices to enhance transparency.**
  - a. Expand use of the 'Accountability for Reasonableness Framework' in management decision making.
  - b. Expand the use of the Health Unit Website to share information and reports with the public
  - c. Further develop the annual Community Report as an accountability tool.
- 4. Develop of new reporting practices to make information readily available to the public**
  - a. Identify program practices/protocols that meet the criteria for public reporting.
  - b. Develop processes to make reports of non-routine infection prevention and control lapse investigations available to the public.



Using Excellence Canada's Framework for Excellence as a foundation, the 2013-2018 internal strategic direction has been structured around six quality drivers, as follows:

1. Leadership Driver
2. Planning Driver
3. Client Driver
4. People Driver
5. Process Driver
6. Partnership Driver

Since the development of the previous strategic plan, the province has developed Organizational Standards (OS) for Ontario Public Health Units, which include activities that will assist boards of health in developing strong governance and management practices, which in turn are a support to the planning and delivery of public health programs and services (6). Complementary to the OPHS, the Organizational Standards are part of a comprehensive accountability framework.

The OS requirements are a combination of existing regulations in the Health Protection and Promotion Act PPA and public health accreditation standards, as well as some new requirements for governance and management practices (6). They are grouped into 6 categories, each with a broad goal, as follows:

- ▶ **Board Structure:**  
To ensure that the structure of the Board of Health facilitates effective governance and respects the required partnership with municipalities as well as the need for local flexibility in board structure.
- ▶ **Board Operations:**  
To enable Boards of Health to operate in a manner that promotes an effective board, effective communication and transparency.
- ▶ **Leadership:**  
To ensure the Board of Health members develop a shared vision for the organization, use a proactive, problem solving approach to establishing the organization's strategic directions, and take responsibility for governing the organization to achieve their desired vision.



## Organizational Goals

▶ **Trusteeship:**

To ensure that Board of Health members have an understanding of their fiduciary roles and responsibilities, that their operations are based on the principles of transparency and accountability, and that board of health decisions reflect the best interests of the public's health.

▶ **Community Engagement and Responsiveness:**

To ensure that the Board of Health is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the Health Unit in planning, operating, evaluating and adapting its programs and services.

▶ **Management Operations:**

To ensure that the administration of the Board of Health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

Many of the requirements of the Organizational Standards (OS) are already being achieved by the Health Unit. Any significant gaps that require strategy development over the next 5 years have been incorporated into the plan and placed within the framework, based on the intent of the driver. OS requirements for board structure, board operations, leadership, and trusteeship fit within the Leadership driver. The Community Engagement and Responsiveness OS requirements fit with the Planning, Client and Partnership drivers, while Management Operations requirements have been addressed in the People and Process Management drivers.

For each quality driver there is a description of the issue using data from internal surveys and reviews conducted since the previous strategic plan, and an assessment of gaps related to the OS. Organizational goals and strategies based on the intended meaning of the quality driver have been developed. Ultimately, internal organizational goals and strategies support achievement of external health goals.

# Leadership Driver

## Leadership Driver

While it is understood that all staff within the Health Unit are leaders, the intent of this driver is to focus on those who have primary responsibility and accountability for an organization's performance. Good leadership is founded on ethics and values that reflect quality principles (19).

## What is the Issue?

In the 2011 Organizational Review, strategic leadership was identified as a concern and management was seen to be more reactive than proactive (20). This was in part because the Directors were not able to provide strategic leadership in the absence of Managers. In 2012, a new organizational structure decreased the number of directors and increased the number of managers to address this concern. The Directors and Medical Officer of Health now form a Strategic Leadership Team to provide overall direction to the Health Unit.

The 2010 Linda Duxbury survey on work and health indicated that the Health Unit's workplace culture was inconsistent during times of change and staff reported 'sometimes' (but not consistently) being encouraged to provide feedback and participate during times of change by the leaders of the organization. Sometimes there was a lack of transparent, consistent communication and decision-making by management (21).

Four of the categories in the Organizational Standards (OS) have goals and requirements that relate directly to the role of the Board of Health. Many of these OS requirements are part of the Health Promotion and Protection Act (HPPA) and are Ontario Council on Community Health Accreditation (OCCHA) standards. The Health Unit has received full accreditation by OCCHA for the past 20 years so many of the OS requirements are currently being achieved by the Board of Health. Two areas require more work - Board of Health member orientation and training, and self-evaluation. Consideration of the OS in ongoing review of bylaws, policies and procedures will help ensure all requirements are being fully met.





# Organizational Goals

## Goal:

Effective, responsive leadership team.

## Strategies:

- ◇ Develop and implement a leadership development plan, including a competency-based performance management system for managers.
- ◇ Develop an annual Operational Plan for the Strategic Leadership Team, including strategies to meet the management requirements in the organizational standards and performance indicators, and provide regular reports to the Board on progress.
- ◇ Provide opportunities for staff feedback on the development and implementation of any changes within the organization.
- ◇ Provide regular communication between staff and management.
- ◇ Review Board of Health bylaws, policies and procedures in relation to organizational standards requirement for board governance, operations, trusteeship and leadership.
- ◇ Develop/enhance strategies for Board of Health member orientation, development and self-evaluation.



# Planning Driver

## Planning Driver

This driver examines organizational planning processes and how performance is measured and evaluated to assess progress and outcomes (19).

### What is the Issue?

The program review completed in 2011 set priorities for the OPHS program requirements based on need and impact data, however an ongoing way to link priorities with resources is required. There is inconsistent use of data and evidence for planning and a lack of integration of the foundational standard throughout the programs. There is a need for information systems and clear processes/tools to meet accountability and public reporting requirements from the province and as identified in the Organizational Standards.



### Goal:

Public health planning and practice that responds efficiently and effectively to current and evolving conditions.

### Strategies:

- ◇ Develop and implement a planning framework for use throughout the organization, including health equity framework and tools and foundational standard integrating mechanisms.
- ◇ Develop and implement a performance management & accountability strategy, using the Results-Based Accountability (RBA) framework, considering Accountability Agreements and Accreditation requirements.

## Client Driver

This driver examines the organization's focus on client-centred programs and services, to achieve client satisfaction and meet program outcomes (19).

## What is the Issue?

While the new service delivery model will increase the accessibility of programs and services, the Health Unit needs to develop client service standards and a formal community engagement strategy to meet requirements in the Organizational Standards. A Health Unit client satisfaction survey conducted in 2011 with 173 respondents indicated that 77% were 'very satisfied' and 19.4% were 'satisfied' with the programs and services they received; 82% 'strongly agreed' that staff were knowledgeable and competent; and 80.1% 'strongly agreed' that the service met their needs (22). In a survey conducted by Statistics Canada, 70.6% of residents were aware of the Health Unit (households with children are more likely to be aware); 58.5% thought that the Health Unit is either a 'somewhat reliable' or 'very reliable' source of information; 29.1% recognize our logo and 6.2% reported visiting our website (23). The increasing trend toward the use of social media is an opportunity for use to enhance community awareness of our programs and services.



## Goals:

Clients and community satisfied with and engaged in programs and services.

## Strategies:

- ◇ Develop and implement a community & client engagement strategy, including client service standards.
- ◇ Develop and implement an external communication and marketing strategy, including the use of social media

# People Driver

## People Driver

This driver is based on the premise that people are the primary resource of any organization. It focuses on ways and means to foster and support an environment that encourages people to reach their full potential (19).

### What is the Issue?

The Linda Duxbury survey on work and health conducted in 2010 found that 59.3% of staff reported 'high' stress; 33.3% reported 'high' depression; and 30.4% reported taking days off due to fatigue (21). Heavy workloads contribute to employee stress and 15.6% of staff reported low satisfaction with current work load and 87.7% highly agree that work demands were unremitting. The program review process estimated that there is a 35% gap between the resources required to meet OPHS and available resources.

In a previous staff survey, learning and development were identified as potential issues and 19.5% of staff reported being 'unsatisfied' with development opportunities (24). In 2011, the Management Team recognized that the current approach to staff development was fragmented and a coordinated approach based on public health core competencies was implemented. This work needs to continue to benefit all members of the organization.

The Organizational Standards have identified the development of a human resource strategy and professional practice support as requirements, and the Ministry of Health and Long-Term care has provided 100% provincial funding for a Chief Nursing Officer to focus on nursing practice and quality assurance. More work needs to be done in this area for health and safety, succession planning, and on-going staff competency.

### Goal:

Workplace that supports wellness and strengthens the capacity of our workforce.

### Strategies:

- ◇ Develop and implement systems and processes for ongoing staff development and continuous learning.
- ◇ Develop and implement a Human Resources Strategy, that addresses the size of the workforce and included a Competency-Based Performance Management strategy, and Professional Practice Support.
- ◇ Enhance the current Occupational Health & Safety Program.



## Process Driver

This driver examines how work is organized to support the organization's strategic direction. All work is accomplished by a set of processes, which involve people, materials, resources and information. Key processes need to be identified and continually reviewed, stabilized and improved (19).

## What is the Issue?

In surveys and focus groups conducted for the organizational review, staff reported an overabundance of policies and procedures and inconsistent application of operational processes. Successful implementation of the new service delivery model requires a thorough review of policies and procedures and the development of systems and processes for the management of physical and information resources and business continuity.

## Goals:

Consistent, effective management of key organizational processes.

## Strategies:

- ◇ Review all policies and procedures and implement changes as needed.
- ◇ Develop processes to distribute and manage work in the new service delivery model.
- ◇ Enhance processes to support information management, including activity tracking, financial systems, data/information systems.
- ◇ Develop a long-term plan and processes for risk assessment and the management of physical resources (offices, service delivery sites, information technology).
- ◇ Enhance the internal business continuity plan and processes.



# Partner Driver

## Partner Driver

This driver examines the organization's relationships with other organizations, institutions or stakeholders that are critical to meeting strategic objectives.

### What is the issue?

A survey of Health Unit partners conducted for program review found that 96.5% of partners felt that the current partnerships were "very effective" or "somewhat effective"; 82.1% were very interested in working with the Health Unit; and 8.5% felt that there was some duplication, but most felt this was necessary (25). The Organizational Standards have identified stakeholder engagement and collaborative partnerships as requirements and the Health Unit need to develop a formal strategy to enhance collaboration and communication with partners.

### Goal:

Increased community capacity through strategically aligned collaborative partnerships.

### Strategy:

- ◇ Develop and implement a Stakeholder/Partner Engagement strategy, including the development of organizational criteria and processes for the participation in partnerships.



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