



Board of Health Executive Committee Meeting

Wednesday, June 14, 2017

1 p.m.

Sudbury & District Health Unit, Boardroom

Board of Health Executive Committee Meeting - June 14, 2017

1 to 3:30 p.m., SDHU Boardroom

1. CALL TO ORDER

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

- Page 3

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated February 16, 2017 Page 4

MOTION: Approval of Board Executive Committee Meeting Notes Page 9

5. NEW BUSINESS

5.1 Strategic Planning

Current Strategic Plan Healthy Communities for All 2013-2017 Brochure Page 10

Strategic Plan (Beyond 2017) Engagement Plan Page 14

2018-2023 Engagement Plan Visual Page 17

SDHU Strategic Plan Engagement Interim Report Page 18

Feedback from BOH Consultation Page 84

Strategic Plan Engagement Activities Preliminary Finding and Themes Page 85

6. IN CAMERA

Personal matters about an identifiable individual, including municipal or local board employees

MOTION: In Camera Page 86

7. RISE & REPORT

MOTION: Rise and Report Page 87

8. ADJOURNMENT

MOTION: Adjournment Page 88

**AGENDA
EXECUTIVE COMMITTEE OF THE BOARD**

**WEDNESDAY, JUNE 14, 2017
1 TO 3:30 P.M.**

BOARDROOM – SUDBURY & DISTRICT HEALTH UNIT

MEMBERS:	Janet Bradley Paul Myre	Jeff Huska Ken Noland	René Lapierre
STAFF:	Nastassia McNair Rachel Quesnel	Nicole Frappier Renée St Onge	France Quirion Dr. Penny Sutcliffe

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
- 4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**

4.1 Board Executive Committee Meeting Notes dated February 16, 2017 *

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of February 16, 2017, be approved as distributed.*

- 5. NEW BUSINESS**

5.1 Strategic Planning *

- 6. IN CAMERA**

MOTION: *That this Board of Health Executive Committee goes in camera.
Time: _____ p.m.*

- Personal matters about an identifiable individual, including municipal or local board employees

- 7. RISE & REPORT**

MOTION: *That this Board of Health Executive Committee rises and reports.
Time: _____ p.m.*

- 8. ADJOURNMENT**

MOTION: *That we do now adjourn. Time: _____ p.m.*

*attachment

**BOARD OF HEALTH EXECUTIVE COMMITTEE
MEETING NOTES**

**THURSDAY, FEBRUARY 16, 2017
11 A.M.
RAMSEY ROOM, SUDBURY & DISTRICT HEALTH UNIT**

MEMBERS: Janet Bradley Jeff Huska René Lapierre
Ken Noland

REGRETS: Paul Myre

STAFF: Krista Galic Rachel Quesnel Renée St Onge
Dr. Penny Sutcliffe

STAFF REGRETS: France Quirion

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 11:08 a.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and there were no declarations of conflict of interest.

4. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2017

01-17 ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2017

Moved by Bradley – Lapierre: THAT the Board of Health Board Executive Committee appoint Jeffery Huska as the Board Executive Committee Chair for 2017.

CARRIED

J. HUSKA PRESIDING

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated June 28, 2016

02-17 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Lapierre – Noland: THAT the meeting notes of the Board of Health Executive Committee meeting of June 28, 2016, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 Strategic Planning Engagement

Purpose of today's meeting:

- To provide a high-level background on Strategic Planning
- To review and approve the engagement plan for the next Strategic Plan
- To conduct a SWOT analysis to inform the Strategic Plan
- To share results of our environmental scan to date
- To get insights into the Board's vision for the next iteration of the Strategic Plan (scope, duration, type of content, community and stakeholder engagement)

6.1.1 Strategic Plan Engagement Plan

K. Galic and N. Frappier were acknowledged for their work in mapping out the strategic plan engagement process being proposed today.

6.1.2 Strategic Planning – Engagement Plan Visual

A one-page honeycomb colored graphic visually displays the steps and timelines of the strategic planning engagement plan until its launch in January 2018. It was suggested interactive components be included for electronic-based formats of the visual.

6.1.3 History of Strategic Plan

A two-page summary was distributed outlining the SDHU's strategic plan history since its 2002 – 2004 strategic plan, including its mission, vision, strengths/values, and strategic directions.

6.1.4 2013-2017 SDHU Strategic Plan

The 2013 – 2017 Strategic Plan brochure was included in today's agenda package as a refresher and a print copy distributed.

6.1.5 Background Reading:

- Mittenthal, R.A. (2002). *Ten Keys to Successful Strategic Planning for Nonprofit and Foundation Leaders*. TCC Group. Retrieved from: http://www.tccgrp.com/pdfs/per_brief_tenkeys.pdf *

The above-noted background article was shared. It describes how the benefits and components of an effective strategic plan will focus agencies in meeting their goals for the next 3 to 5 years.

Through a presentation, Dr. Sutcliffe, R. St Onge and K. Galic facilitated the strategic plan engagement session.

A mid-level engagement is proposed that will include a number of groups but no broad town hall consultations. On February 1, 2017, a Senior Management Executive Committee (SMEC) consultation session was held using similar questions as those that will be discussed today. The purpose is to get a sense of scope and broad themes for the next strategic plan.

In addition to the SMEC and Board EC consultation sessions, additional engagement would include an online community stakeholder survey that would be promoted through our partners and the SDHU website. The survey would be available for clients to complete electronically in all SDHU offices. Follow-up sessions would be held as required.

A half-day session would be held for SDHU staff during the annual SDHU Staff Day at end of April. A full day consultation will be held with the full Board of Health member.

It suggested that meetings be held with the constituent municipalities to ensure alignment of strategic priorities, identify gaps, duplications, etc. It was also suggested that consultation include Indigenous community partners.

Timelines were reviewed and external considerations discussed such as provincial changes; pending announcement and implications of the modernization of the Ontario Public Health Standards, etc.

It is proposed that the Board Executive Committee meet mid-June and that a Board of Health workshop be held on September 21. It was suggested that the workshop be held on a different day than the regular Board meeting such as September 28. This will be further explored.

The following SWOT questions were discussed:

1. What opportunities has the SDHU had in the last five years? What opportunities exist currently?
2. What threats has the organization had to deal with? What threats exist currently?
3. What strengths does the organization have to deal with threats or opportunities?
4. What weaknesses does the organization have to deal with threats and opportunities?

Staff have conducted an environmental scan and reviewed strategic plans from 45 other agencies, including public health and other health organizations. Examples of strategic plan models and themes identified through environmental scan were shared:

- Windsor Public Health: 2017-2021
- Peel Public Health: 2009-2019
- Toronto Public Health: 2015-2019
- Ottawa Public Health: 2015-2018
- Middlesex-London: 2015-2020

- NE LHIN: 2016-2019

19 of the most frequent themes from other strategic plans were summarized. Some agencies focus on programmatic strategies while others are high level organizational priorities and others are mixed. In past, SDHU direction has focused on organizational/broader priorities given that at the program or policy level, we are mandated through legislative and provincial requirements and respond to local needs. The Board agreed with a broader strategic direction, especially given the current provincial and fiscal climate.

The Committee proceeded to these consultation questions:

1. What is your vision for the next Strategic Plan?

Feedback provided included but was not limited to:

Public health protection such as enforcement/inspections; accountability such as performance monitoring; health equity/social determinants of health; sustainability; impact on rural communities; mental health; aging population; Indigenous engagement

2. The Organizational Standards suggest the Strategic Plan cover a 3 to 5 year timeframe
 - i) Discussion on the duration of SDHU's next Strategic Plan

Discussion was held regarding the possible change in Board membership with the municipal elections occurring in 2022. The Board EC members agreed on a five year plan for the next strategic plan from 2018 to 2022. The new plan would be developed in 2022 for release in 2023.

3. What do you see as the key priorities the SDHU should establish in its next Strategic Plan?

Some program priorities that were discussed included the SDHU's health equity work, needle exchange program, children programs, promotion of healthy lifestyles/behaviours; innovation such as social media/accessibility; community drug strategies.

Relating to organizational priorities, sustainability and maintaining our current programs and services was highlighted given the current fiscal climate. Communication, self-promotion and strengthening relationships were also identified as key priorities.

4. Based on what has been identified so far, what should we ask the community as part of the engagement? Our stakeholders?

The following suggestions were entertained:

- SWOT questions
- Identify one area your organization needs to focus
- What do you think SDHU is?

- What is the community leaders expectation of us
- Do district office citizens know what the SDHU does
- What can the HU do for you and what can you do for HU?

It was pointed out that work is currently underway relating to the SDHU's visual identity and communication strategies for education/awareness relating to the SDHU and public health.

Members agreed that the current strategic plan resonated with the questions discussed today. It was noted that this was also the case for senior managers and staff. A good starting point to probe partners regarding our next plan might be to ask them what in our current plan needs to be updated.

From this, we have endorsement or consensus of the proposed process and good ideas of who and how to probe for what that will help to inform next steps.

7. ADJOURNMENT

03-17 ADJOURNMENT

Moved by Bradley – Noland: THAT we do now adjourn. Time: 1:02 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of February 16, 2017, be approved as distributed.*

Strategic Plan 2013 Healthy communities for all 2017



Committed • Passionate • Reflective



Sudbury & District

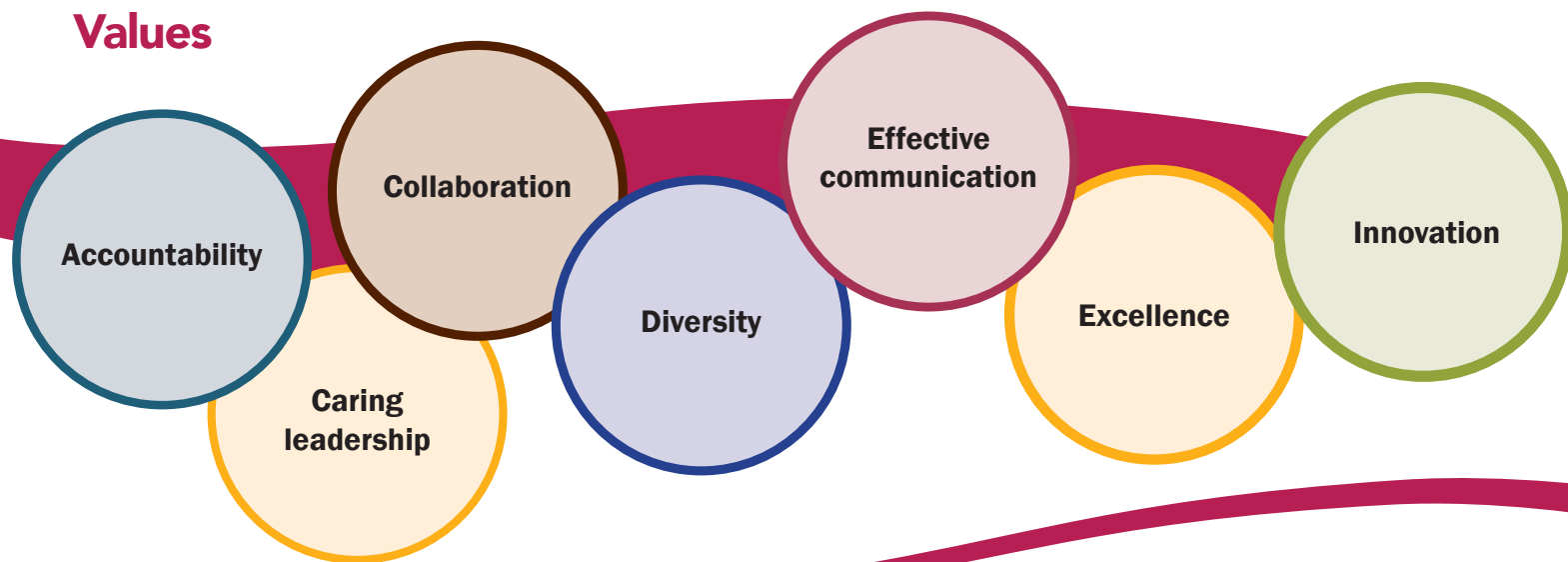
Health Unit

Service de
santé publique

Vision **Healthier communities for all.**

Mission **Working with our communities to promote and protect health and to prevent disease for everyone.**

Values



Guiding Principles

A model partnering organization

We work with community groups and organizations to form supportive relationships that may evolve into strategic partnerships, which will improve health equity in our communities.

A healthy, protected environment

We promote and protect our communities and environments as they are cornerstones of public health.

Equitable access to opportunities for health

We use a determinants of health framework when working with community groups and organizations, striving to provide all citizens with the same opportunities to be healthy.

Informed, involved citizens

We involve citizens at all levels of community life so that they also become passionate for public health—especially seniors, youth and local businesses.

A visibly active caring community

We promote communities where people take the time at home, work, school, and play to respect and celebrate their differences while sharing a collective interest in striving for physical and mental well-being.

Strategic Priorities

2013–2017

1 Champion and lead equitable opportunities for health

- Advocate for policies that address health equity
- Reduce social and economic barriers to health
- Address a broad range of underlying factors that impact health
- Support all communities to reach their full health potential

Strengthen relationships

2

- Invest in relationships and innovative partnerships based on community needs and opportunities
- Help build capacity with our partners to promote resilience in our communities and neighbourhoods
- Monitor our effectiveness at working in partnership
- Collaborate with a diverse range of sectors

3 Strengthen evidence-informed public health practice

- Implement effective processes and outcomes to use and generate quality evidence
- Apply relevant and timely surveillance, evaluation, and research results
- Exchange knowledge internally and externally

4 Support community actions promoting health equity

- Facilitate diverse community engagement
- Support awareness, education, advocacy, and policy development at local, provincial, and federal levels
- Tailor programs and services to reflect community voices and needs
- Seek community input on issues that impact health equity

Foster organization-wide excellence in leadership and innovation

5

- Cultivate a skilled, diverse, and responsive workforce
- Promote staff engagement and support internal collaboration
- Invest resources wisely
- Build capacity to support staff and management core competencies
- Ensure continuous improvement in organizational performance
- Promote a learning organization



Sudbury & District

Health Unit

Service de
santé publique



The 2013–2017 Strategic Plan acts as a roadmap to guide the SDHU as we respond to issues that impact the public’s health. Informed by staff, partners, community needs and key public health drivers, our five strategic priorities reflect the essential concepts of public health practice which include community engagement, relationships, evidence-informed practice, health equity, and public health workforce adaptability and flexibility.

The SDHU has a mandate to deliver provincially legislated public health programs and services to almost 200,000 people in our service area. We are a progressive, accredited public health agency with over 200 committed, passionate, and reflective staff.

We all have a role to play in creating the conditions that help our communities be healthy. I look forward to realizing our Strategic Plan and working with our many partners to achieve our vision of *healthier communities for all*.

Sincerely,

Dr. Penny Sutcliffe
Medical Officer of Health
and Chief Executive Officer



www.sdhu.com

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Chapleau

101 Pine Street East
Chapleau, ON
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Espanola

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800 Centre Street
Espanola, ON
705.222.9202

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6163 Highway 542
Mindemoya, ON
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Sudbury East

1 King Street
St. Charles, ON
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Sudbury & District Health Unit Strategic Plan (beyond 2017): Engagement Plan

Method /Approach	Timeframe
<i>Engagement Plan Approvals</i>	
<ul style="list-style-type: none"> • Approval by Senior Management Executive Committee 	February 1, 2017
<ul style="list-style-type: none"> • Approval by Board of Health Executive Committee 	February 16, 2017
<i>Engagement</i>	
<ul style="list-style-type: none"> • Senior Management Executive Committee consultation <ul style="list-style-type: none"> ○ to make recommendations regarding scope of next Strategic Plan 	February 1, 2017
<ul style="list-style-type: none"> • Board of Health Executive Committee consultation <ul style="list-style-type: none"> ○ to make recommendations regarding scope of the next Strategic Plan 	February 16, 2017
<ul style="list-style-type: none"> • Board of Health meeting Medical Officer of Health report <ul style="list-style-type: none"> ○ To inform the Board of Health that work is underway for the Strategic Plan 	February 16, 2017
<ul style="list-style-type: none"> • Finalize list of community stakeholders to be consulted in engagement process 	February 24, 2017
<ul style="list-style-type: none"> • Community survey (General Public) <ul style="list-style-type: none"> ○ to identify top public health priorities and to increase SDHU profile 	April 5-May 8, 2017
<ul style="list-style-type: none"> • Community partner survey & engagement <ul style="list-style-type: none"> ○ to identify top public health priorities and to increase SDHU profile 	April 5-May 5, 2017

Method /Approach	Timeframe
<ul style="list-style-type: none"> • All staff survey <ul style="list-style-type: none"> ○ to identify top public health priorities 	March 22–April 4, 2017
<ul style="list-style-type: none"> • Board of Health member survey <ul style="list-style-type: none"> ○ to identify top public health priorities 	April 5-May 8, 2017
<ul style="list-style-type: none"> • All staff engagement: half day of consultations with all staff at 2017 Staff Day <ul style="list-style-type: none"> ○ to further drill-down on strategic planning priorities 	April 26, 2017
<i>Development</i>	
<ul style="list-style-type: none"> • Senior Management Executive Committee check-in <ul style="list-style-type: none"> ○ to Share findings from engagement ○ to gather feedback to inform the development of draft Strategic Plan 	May 29, 2017
<ul style="list-style-type: none"> • Board of Health Executive Committee check-in <ul style="list-style-type: none"> ○ to share findings from engagement ○ to gather feedback to inform the development of draft Strategic Plan 	June 14, 2017
<ul style="list-style-type: none"> • Drafting of Strategic Plan based on feedback from Senior Management and Board of Health Executive Committees 	Summer 2017
<i>Approval</i>	
<ul style="list-style-type: none"> • Board of Health workshop <ul style="list-style-type: none"> ○ to review draft of Strategic Plan ○ to make recommendations to finalize draft 	September 28, 2017
<ul style="list-style-type: none"> • Revisions to draft Strategic Plan based on workshop discussions 	

Method /Approach	Timeframe
<ul style="list-style-type: none"> Senior Management and Board of Health Executive Committees final review and approval of draft Strategic Plan 	October 2017
<ul style="list-style-type: none"> Final approval of 2018-2023 Strategic Plan by the Board of Health 	November 2017
Launch	
<ul style="list-style-type: none"> Launch of Strategic Plan & report back to those who were engaged in the process 	January 18, 2018

SDHU Strategic Planning Engagement Plan



SDHU Strategic Plan Engagement

Interim Report

Version 2

Sudbury & District Health Unit
May 2017



Sudbury & District

Health Unit

Service de
santé publique

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Executive Summary

The Sudbury & District Health Unit (SDHU), began the process for the development of the next iteration of their Strategic Plan in the fall of 2016. To inform the process, a search and critical appraisal of peer reviewed literature, grey literature, and local health status data was conducted as part of the strategic planning process. Additionally, an environmental scan of other health unit/organizations strategic plans was conducted and an engagement plan was developed.

This interim report includes a comparison of the themes from the strategic planning engagement feedback to the literature and health status reports from the SDHU catchment area and provides key considerations. (Appendix H)

Engagement to Date

Through the engagement process, we obtained nearly 750 responses within the SDHU catchment area. Of these, there were over 520 responses to the Have Your Say surveys opened to the Board, community partners, the general public and staff. In addition, the Senior Management Executive Committee and the Board of Health Executive committee participated in consultation sessions and almost 230 staff participated in a World Café session.

Literature Review and Alignment with Engagement Feedback

In the engagement feedback, mental health was identified as the top priority for public health by both community partners and members of the general public. Mental health promotion is currently engrained into SDHU programming through school health promotion resiliency initiatives, healthy eating and healthy weights programming and healthy growth and development work.

Health equity and Indigenous engagement were also identified as key themes by all groups who participated in the engagement process. Survey respondents and staff engagement sessions highlighted a need for:

- health equity to continue as a foundation for public health work
- the SDHU to continue to address the social determinants of health
- the SDHU to continue to reach out and strengthen relationships to support vulnerable and priority populations

Indigenous engagement was identified many times as a key component of health equity work. Participants highlighted a need to:

- build relationships with Indigenous communities
- remove barriers for engagement,
- empower Indigenous populations to take a role in public health work

The literature and the Standards for Public Health Programs and Services (OSPHPS) support the need to continue public health work with a health equity lens and to develop more programs, services, and policies to focus on the social determinants of health (SDoH) (Auber, Howell, & Gomes, 2016).

Feedback regarding our internal processes related to trust, transparency, and having a strong and valued corporate image were identified and compared to the literature. It was also emphasized in both the literature and the data collected, that public health programs and services should be prioritized by reach, impact, and the overall benefit to the community.

Key Considerations

Feedback received from the engagement activities identified key considerations for the development of the next iteration of the SDHU Strategic Plan.

- The 2013-2017 SDHU current Strategic Priorities still resonate; however there are suggestions to streamline and provide more clarity, for example:
 - Merge priorities 1 and 4: as championing opportunities for health and supporting community action for healthy equity have similar outcomes in practice, and
 - Merge priorities 3 and 5 as having similar identifiers and meaning.
- The SDHU Mission and Vision are meaningful to the work that SDHU does and should be kept as currently written.
- The next iteration of the SDHU Strategic Plan should span five years from 2018-2022.
- There should be fewer SDHU Values and suggested the use of a mnemonic so that they are more easily recalled.
- Both community partners (n=100) and the general public (n=93) ranked mental health as the top public health issue, and staff flagged the need to build their capacity in this area. Additional work will need to be done to incorporate mental health promotion into program planning and delivery as outlined in the PHPS consultation document.
- Preliminary Findings and Themes:
 - a. *Opportunities for health for all*
 - i. Equitable access to public health services
 - ii. Health equity (Social determinants of health)
 - iii. Reorienting the health care system
 - iv. Advocacy
 - v. Population health approach

b. Meaningful relationships

- i. Stakeholder and Community Engagement
- ii. Indigenous engagement
- iii. Build capacity with partners
- iv. Non-traditional partners
- v. Trust

c. Service Excellence and Innovation

- i. Capacity (time & resources)
- ii. Sustainable
- iii. Flexible and adaptable
- iv. Strong and valued corporate image
- v. Innovative ideas
- vi. Change management
- vii. Internal communication
- viii. Transparency

d. Evidence Informed Public Health Practice

- i. Population level data & surveillance
- ii. Community engagement
- iii. Using local data to map community wellness and to be responsive to community needs

Next Steps

Additional engagement activities are planned with the Senior Management and Board of Health Executive committees to share the preliminary findings of the engagement activities to date. Discussion at these meetings will serve to strategically assess the findings to date and to explore other audiences to engage, such as: Indigenous, Francophone and priority populations.

Background and Engagement to Date

Strategic Planning has been part of the Sudbury & District Health Unit (SDHU) fabric for approximately 15 years. The first SDHU Strategic Plan was developed in 2002. A historical overview of the SDHU Strategic Plans was created and shared with the Board Executive and the Executive Committee (Appendix B). The current SDHU Strategic Plan spans five years, from 2013 to 2017.

The SDHU began the process for the development of the next iteration of their Strategic Plan in the fall of 2016. To inform the process, a search and critical appraisal of peer reviewed literature, grey literature, and local health status data was conducted as part of the strategic planning process. Additionally, an environmental scan of other health unit/organizations strategic plans was conducted and an engagement plan was developed (Appendix A). The components of the *2018-beyond* Strategic Planning engagement plan are much more comprehensive than the engagement plan that informed the 2013-2017 Strategic Plan.

This interim report includes the findings from the many engagement activities and discusses how these results align with the other evidence gathered.

Through the engagement process, we obtained nearly 750 responses within the SDHU catchment area. Of these, there were over 520 responses to the Have Your Say surveys opened to the Board, community partners, the general public and staff. In addition, the Senior Management Executive Committee and the Board of Health Executive committee participated in consultation sessions and almost 230 staff participated in a World Café session.

The engagement data that has been collected thus far includes:

- a consultation with the Senior Management Executive Committee
- a consultation with the Board Executive Committee members and all Board member survey
- 5 responses to the Board of Health survey
- 102 responses to the all staff survey
- 227 participants at the World Café - staff engagement session at our annual 2017 Staff Day
- 100 responses to the Community Partner survey
- 93 responses to the General Public survey

Additional engagement activities will be identified with the Senior Management Executive Committee on May 29, 2017 and with the Board Executive Committee on June 14. After the Strategic Plan has been drafted, future engagement activities are planned to take place with the Senior Management and Board Executive Committees.

Profile of Respondents

Strategic Plan engagement surveys were completed anonymously by SDHU staff, SDHU Board of Health members, community partners and members of the general public. Demographic information was collected from members of the general public while collaboration history was collected from community partners.

A total of 66 members of the general public reported their age and gender. The majority of respondents were between the ages of 40-64 (n=35, 53%), one respondent was under the age of 18 (1.5%), two respondents were ages 18-24 (3%), 19 respondents were ages 25-39 (28.8%) and nine respondents were 65 years or older (13.6%). Of the 66 respondents from the general public, 27.3% identified as male, 66.7% identified as female and 6.1% chose not to answer.

Ninety five community partners identified the length of their collaboration with the SDHU. The majority of community partners, 57.9%, have been working with the SDHU for longer than 10 years. Additionally, 11.6% community partners have begun partnerships with the SDHU in the last 0-2 years, 12.6% have been working with the SDHU for 3-5 years and 17.9% for 6-10 years.

Both general public members and community partners were also asked to identify themselves via their postal code. A total of 59 respondents from the general public and 48 community partners shared the first three digits of their postal code. A detailed list of response rates by postal code and catchment area can be found in Appendix C.

Figure 1: Representation of general public survey respondents by postal code

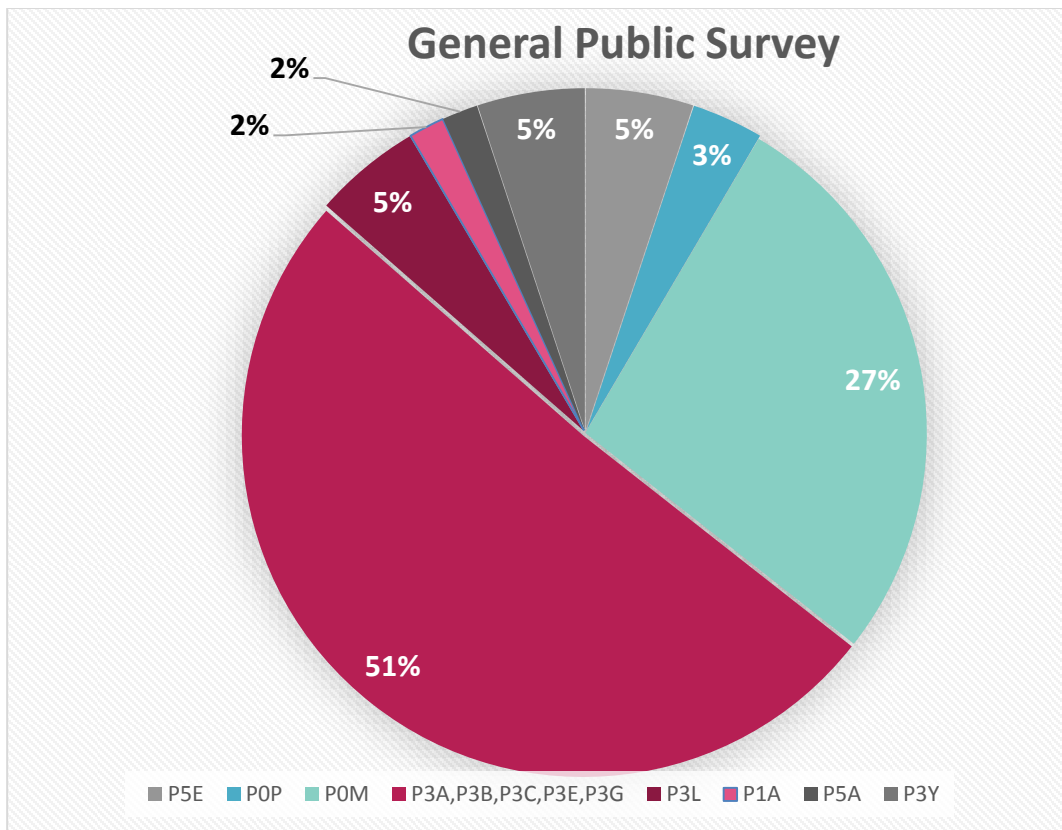
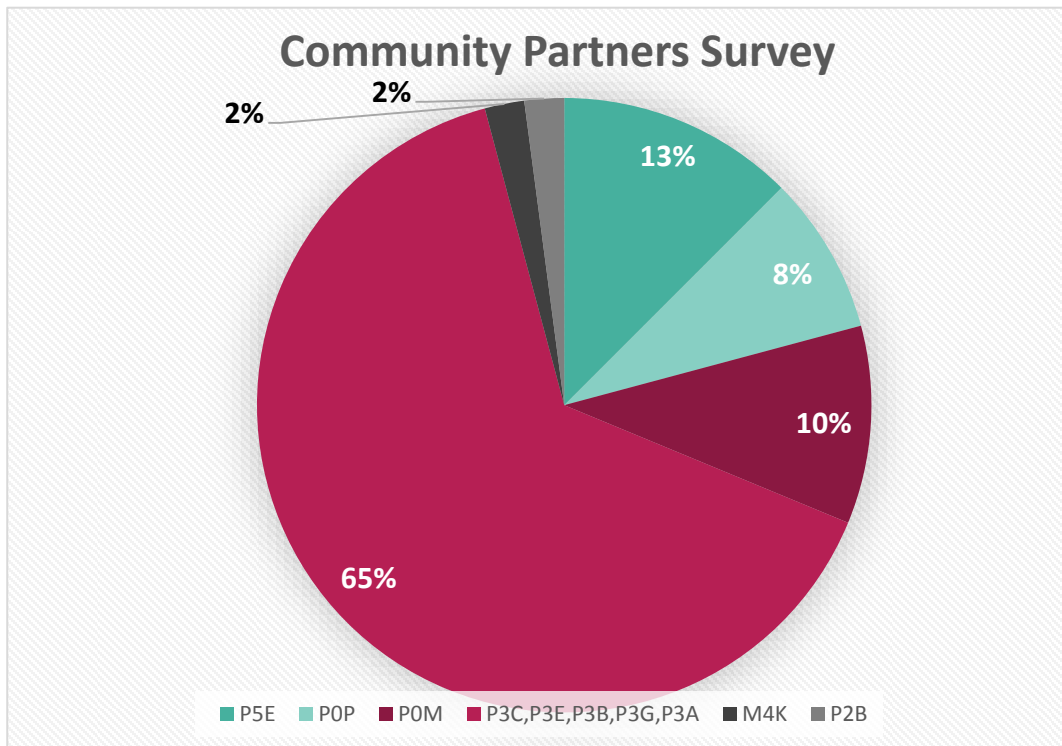


Figure 2: Representation of community partner survey respondents by postal code



Key Findings

Feedback From In-person Consultations

In-person consultations with the Senior Management Executive Committee and the Board of Health Executive were completed in February 2017. It was proposed that the next Strategic Plan cycle be 2018-2022.

It was identified through many different points that the current 2013-2017 Strategic Plan priorities still resonate with the suggestion of having them more streamlined. When examples of other provincial health units were shared to demonstrate the possibility of building on program priorities as opposed to high level organization-wide priorities it was advised that high level organization-wide priorities were the preferred approach.

The need to build on key areas for the next cycle of the Strategic Plan was mentioned:

- Indigenous engagement
- Mental health
- Ongoing health challenges to northern communities
- Health equity
- Communication and awareness of public health

Table 1: Focus Areas and Qualifiers from the In-Person Consultations

Focus Areas	Qualifiers
<i>Indigenous engagement</i>	Strengthen relationships Development of trust
<i>Mental health</i>	Need more clarity on existing and gaps for mental health programming at the SDHU
<i>Ongoing health challenges to northern communities</i>	Sustainability of programs and services offered in our Districts Efficiencies and equitable service delivery across the north Recognize SDHU's role across the district Responsive to community needs
<i>Health equity</i>	Focus on Indigenous health, social determinants of health, referral to services
<i>Communication and awareness of public health</i>	Need to self-promote what is public health in our communities

Feedback on the SDHU Strategic Priorities

Overall, staff and Board members feel that the current SDHU priorities in the 2013-2017 Strategic Plan still resonate and are important areas for SDHU to continue working towards. The table below highlights the results of staff and board members responding 'Yes, completely' to the following question: *Do you feel this priority still resonates for the organization in the current context?*

Table 2: Do you feel this priority still resonates for the organization in current context?

	Strategic Priority 1	Strategic Priority 2	Strategic Priority 3	Strategic Priority 4	Strategic Priority 5
<i>Staff members (n=102)</i>	85%	68%	76%	71%	65%
<i>Board members (n=5)</i>	80%	60%	40%	100%	80%

Considerations

- Staff suggested merging Priority #1 and #4 as championing opportunities for health and supporting community action for healthy equity have similar outcomes in practice
- Staff suggested merging Priority #3 and #5 together as similar identifiers and meaning come through in each

- It was noted many times that staff would like to include clear direction in our Strategic Priorities on how SDHU strengthens relationships and engages with Indigenous partners
- The importance of raising awareness of public health’s role in the community, the programs and services that are offered, and building SDHUs reputation
- Building staff’s capacity to work with partners and clients related to mental health
- Commit to building a healthy corporate culture

Feedback on the SDHU Mission

Overall, staff and board members feel that the current mission statement in the 2013-2017 Strategic Plan still resonates. The table below highlights the results of staff and board members responding ‘Yes, keep it as is’ to the following question: *Does our Mission still make sense?*

Table 3: Does our Mission still make sense?

	<i>Yes, keep it as is</i>
<i>Staff members</i>	75%
<i>Board members</i>	75%

Feedback on the SDHU Vision

Overall, staff and board members feel that the current vision statement in the 2013-2017 Strategic Plan still resonates. The table below highlights the results of staff and board members responding ‘Yes, keep it as is’ to the following question: *Does our Vision still make sense?*

Table 4: Does our Vision still make sense?

	<i>Yes, keep it as is</i>
<i>Staff members</i>	75%
<i>Board members</i>	100%

Feedback on the SDHU Values

There are seven values in the 2013-2017 Strategic Plan

- Accountability
- Trust
- Caring Leadership
- Integrity
- Effective Communication
- Collaboration
- Equity

Board of Health members and staff were asked to select from a list of 18 values, which 3 were the most important to them. They also had the option of suggesting additional values for consideration.

Table 5: Board of Health and Staff member Feedback on Values

	<i>Board of Health</i>	<i>Staff members</i>
1	Resiliency	Accountability
2	Caring Leadership	Trust
3	Empowerment	Caring Leadership
4	Equity	Integrity
5	Proactive	Effective Communication
6	Accountability	Collaboration
7	Innovation	Equity

Accountability, caring leadership and equity were three values that both board members and staff felt important to remain in the next iteration of the Strategic Plan.

In the engagement sessions with staff it was emphasized that trust is one of the most important values. The importance of accountability, communication of the why in decision-making and the inclusion of staff in the decision making process was also noted.

Overall, staff expressed that they would like fewer values and suggested the possibility of using a mnemonic for easy recall.

Consideration

Anecdotally, staff have mentioned that they find it challenging to recall or to integrate the values in their daily practice. Using a mnemonic may assist with recall. For example:

Humility

Equity

Accountability

Leadership

Trust

Honesty

Surveys and World Café Themes Identified

Throughout the engagement process many themes were identified across different engagement groups (staff, partners, general public and board of health). The following table outlines the most common themes from the strategic plan engagement surveys and the in-person staff engagement session at the 2017 Staff Day. All themes are listed in alphabetical order with qualifier statements and checkmarks to indicate which themes were identified and repeated several times in the group’s responses.

Table 6: Common Themes from Strategic Plan Engagement Surveys and In-Person Staff Engagement Session

<i>Theme</i>	<i>Staff Survey</i> (n=102)	<i>Staff World Café</i> (n=227)	<i>Community Partner survey</i> (n=100)	<i>General Public survey</i> (n=93)	<i>Board of Health survey</i> (n=5)
<i>Access to Public Health Services</i>			✓ <ul style="list-style-type: none"> • Equitable access to services • Need to support provincial and federal strategies 	✓ <ul style="list-style-type: none"> • Provide services proactively to prevent illness and chronic health issues • Ensure access to nutritious and affordable food, recreational opportunities, mental health supports, immunizations and vaccines, safe environments, and health promotion services etc. 	✓ <ul style="list-style-type: none"> • Increase outreach in the community

<p><i>Capacity (time and resources)</i></p>	<p>✓</p> <ul style="list-style-type: none"> • “lacking capacity to be a true champion and leader” • Need to invest time and resources in staff /continuing education to meet the needs of our communities • Challenge to remain a leader while not “spreading ourselves too thin” • Time and internal support are required to do engagement properly 	<p>✓</p> <ul style="list-style-type: none"> • Build staff capacity (especially on emerging topics such as mental health and indigenous engagement) • Prioritize meaningful work to have greater impact • Cultural representation 			<p>✓</p> <ul style="list-style-type: none"> • “Resource constraints may limit achievement at a time when critically needed” • Limited funding and increased expectations
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<p><i>Corporate Image</i> <i>(awareness, branding, ROI)</i></p>	<p>✓</p> <ul style="list-style-type: none"> ● Raise awareness of public health's role in the community and build an understanding of what we do 	<p>✓</p> <ul style="list-style-type: none"> ● Build SDHU's presence in the community 		<p>✓</p> <ul style="list-style-type: none"> ● Increase health unit locations in rural communities ● Increase promotion so more people are aware of what prevention programs and services are available ● Respond to requests for more education opportunities on a variety of public health topics and provide information that is reliable and easy to access 	
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<p><i>Engagement/ Collaboration</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Utilize community engagement techniques to inform program planning • Foster an environment that engages and interest with the community and seek and incorporate community input • Time and internal support are required to do engagement properly 	<p>✓</p> <ul style="list-style-type: none"> • Build internal partnerships • Lack of communication • Need for flexibility and innovation in engaging with partners (consider traditional and non-traditional partners) 	<p>✓</p> <ul style="list-style-type: none"> • Invest in relationships and innovative partnership • Help build capacity with partners • Collaborate with a diverse range of sectors • Be leaderful and provide expertise 		
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<p><i>Evidence-Informed Practice</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Data comes in many forms • Include priority setting based on community needs and local population-level data • Evidence-informed decision making is essential and is well engrained in what we do 				<p>✓</p> <ul style="list-style-type: none"> • SDHU is recognized as a leader in assessment and evaluative tools • Should continue as a standard of practice
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<p><i>Health Equity (SDoH)</i></p>	<p>✓</p> <ul style="list-style-type: none"> • “we are often health equity champions”, need to work more with partners to build capacity • Advocate for policies that provide equitable health • Define priority populations and focus on all vulnerable and identified priority populations • Current priorities 1 and 4 overlap and can be combined 	<p>✓</p> <ul style="list-style-type: none"> • Trust staff to engage with priority populations • Allow time and resources to increase staff’s competencies 	<p>✓</p> <ul style="list-style-type: none"> • Upstream focus of public health • Continue to reach out to vulnerable populations • Invest in community groups with a shared vision and mission 	<p>✓</p> <ul style="list-style-type: none"> • “Make it possible for all people to be healthy regardless of their social status” • Work towards access to affordable food, housing, fresh and clean water, and recreation programs etc. • Improve supports for lower income people, all genders, all ages etc. • Increase access to services in other languages across all program areas (specifically French language services) 	<p>✓</p> <ul style="list-style-type: none"> • Health equity is foundational to public health work
<p><i>Indigenous Engagement</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Need to work with FN communities 	<p>✓</p> <ul style="list-style-type: none"> • Recognize and remove barriers 	<p>✓</p> <ul style="list-style-type: none"> • Increased focus on 	<p>✓</p> <ul style="list-style-type: none"> • “Provide information/training/programming 	<p>✓</p> <ul style="list-style-type: none"> • Develop trust and partnerships with First

	ies and empower them to lead initiatives	<ul style="list-style-type: none"> • Provide client centered care • Be flexible 	indigenous health	g that respects Indigenous peoples”	<p>Nation Communities</p> <ul style="list-style-type: none"> • Incorporate indigenous programs into planning
<i>Innovative Ideas</i>	✓		✓		✓
<i>(including communication tactics and change management)</i>	<ul style="list-style-type: none"> • Continue to develop social media and online platforms • Use modern technology to gather and convey messaging 		<ul style="list-style-type: none"> • Think outside the box to ensure adequate programs and services throughout the community • Need to invest in innovative partnerships based on community needs 		<ul style="list-style-type: none"> • “focus on core mandates, in innovative ways” • Plans must be adaptable and reflect changing requirements

<p><i>Internal Communication (Cross-Divisional)</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Strong internal relationships and a positive corporate culture lead to strong external relationships • Internal communication is essential to ensure all staff feel engaged and reflect values in their work 	<p>✓</p> <ul style="list-style-type: none"> • Increase communication and collaboration across the agency (i.e. stop working in silos) 			
<p><i>Primary Care</i></p>				<p>✓</p> <ul style="list-style-type: none"> • Ensure access to high quality health and medical care services ✓ Need to be able to access care when needed 	

<p><i>Reorienting the health care system</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Demonstrate public health value in the broader health care system • Move the health system toward a true population health and preventative health focus 				<p>✓</p> <ul style="list-style-type: none"> • “Plans must be adaptable and reflect the changing world of Ontario health systems”
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<p><i>Transparency</i> <i>(decision-making pathways, walk the walk)</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Positivity and transparency are disconnected within the organization • Share decision making processes and considerations with all staff members when possible • Public health needs to be more in transparent to members of the public 	<p>✓</p> <ul style="list-style-type: none"> • Reinforce transparency and accountability in decision-making (effective communication) 			
<p><i>Trust</i> <i>(culture)</i></p>	<p>✓</p> <ul style="list-style-type: none"> • Need to strengthen relationships and build trust internally 	<p>✓</p> <ul style="list-style-type: none"> • Trust and respect staff to be professionals and engage in 			

(horizontally and vertically)	meaningful partnerships		
<ul style="list-style-type: none"> • Need to trust everyone's abilities to do their work • "Trust absolutely affects the work we do with partners" 			

Overall, as highlighted in Table 2, health equity and Indigenous engagement are key themes identified across all engagement groups. Health equity and Indigenous engagement align with current SDHU strategic plan priorities and reflect areas that are foundational to public health as identified in the Standards for Public Health Programs and Services (OSPHPS). Themes such as trust, transparency, capacity, innovation, engagement and communication were identified by multiple engagement groups (internally and externally) and reflect methods and values that should be considered in day-to-day work. Evidence-informed public health practice was also highlighted as an essential component of public health by both SDHU staff and Board of Health members who recommended this practice continue to be engrained in work and decision-making. Additionally, corporate image, return on investment and increasing awareness of what the SDHU does was noted by the general public and staff.

Lastly, many members of the general public used this engagement opportunity to identify primary care and easier access to support services when asked what first comes to mind when considering their family's health. While primary care was only identified by members of the general public, it further reflects the need to build the SDHU's corporate image and increase public awareness of the programs and services offered by the organization.

Top Health Issues Identified

As part of the strategic planning engagement process, the general public and community partners were asked to rank the top five issues (out of a potential 21 topics) that they believed to be the most important to the public's health (Question 5 in Appendix F and Question 4 in Appendix G). The top five areas (in order of importance) for each group are outlined in Table 7.

Table 7. Top 5 Priorities for the Public's Health according to general public and community partners

General Public (n=93)	Community Partners (n=100)
<i>Mental Health (63.5%)</i>	Mental Health (62.1%)
<i>Healthy Eating and Physical Activity (59.5%)</i>	Social determinants of health (education, employment, income, social networks) (39.7%)
<i>Ability to get shots and vaccines (immunizations) (56.8%)</i>	Immunizations (36.2%)
<i>Access to safe housing, healthy foods, incomes, education, employment and a support system (54.1%)</i>	Addictions (e.g. drug use other than alcohol) (32.8%)
<i>Healthy child development (positive parenting, healthy growth and development) (37.8%)</i>	Healthy Eating and Physical Activity (32.8%)

Four of the top five priorities noted by the survey participants recurred in both groups. Healthy child development which was a “top five” priority area for the general public, was the sixth “top priority” among community partners who completed the engagement survey. Addictions was a “top five” priority identified by community partners while it was ninth on the list of priorities identified by the members of the general public who completed the survey.

Feedback from both the community partners and the general public support the need to continue program and service delivery as outlined in the OSPHPS. Additional feedback on innovative programming ideas may need to be collected in the future.

Alignment of Literature and Engagement Feedback

A search and critical appraisal of peer reviewed literature, grey literature, and local health status data was conducted as part of the strategic planning process. Literature and health status reports from the SDHU catchment area were compared to themes from the strategic planning engagement feedback received through, consultations, surveys and staff engagement sessions. (Appendix H)

Three of the top ranking themes in the engagement process and literature review align with the PHPS. These include: Mental health, health equity and Indigenous engagement.

In the engagement feedback, mental health was identified as the top priority for public health by both community partners and members of the general public. The literature shows that there is a lack of information available on mental health programs and services and that services are less accessible in rural areas (CMHA, 2009). Additionally, local health information shows that, in the SDHU catchment area, only 70.1% of individuals over the age of 12 have rated their mental health as excellent or very good. Mental health promotion is currently engrained into SDHU programming through school health promotion resiliency initiatives, healthy eating and healthy weights

programming and healthy growth and development work. Going forward, additional work will need to be done to incorporate Mental Health Promotion into program planning and delivery as outlined in the OSPHPS. The SDHU should also aim to raise awareness of the promotion and support services offered with relation to mental health and the role the agency can play in community mental health strategies.

Health equity and indigenous engagement were also identified as key themes by all groups who participated in the engagement process. Survey respondents and staff engagement sessions highlighted a need for

- health equity to continue as a foundation for public health work
- the SDHU to continue to address the social determinants of health
- continue to reach out and strengthen relationships to support vulnerable and priority populations

Indigenous engagement was identified many times as a key component of health equity work.

Participants highlighted a need:

- to build relationships with Indigenous communities
- remove barriers for engagement,
- empower Indigenous populations to take a role in public health work

The literature supports the need to continue public health work with a health equity lens and develop more programs, services and policies to focus on the social determinants of health (SDoH) (Auber, Howell, & Gomes, 2016). The data and literature state the importance of culturally-safe and relationship centered engagement to produce positive health outcomes in mental, physical and spiritual health (Hunt, 2015).

Feedback regarding our internal processes related to trust, transparency and corporate image were identified and compared to the literature. It was also emphasized in both the literature and the data collected that public health programs and services should be prioritized by reach, impact and the overall benefit to the community. The need to increase public health's profile in the community came through in both the data and the literature. All respondents discussed the need for trust and transparency in both the way we collaborate internally and externally. The literature shows that building relationships in the community and the work that we do to gain the trust of community members is the first and the most important challenge we will need to overcome.

Summary of Findings to Date

The engagement activities provide feedback for consideration on the Strategic Priorities, the SDHU Vision, Mission and Values, the themes or health issues and the duration of the Strategic Plan. This information will assist the Senior Management and Board of Health Executive committees in directing the next steps for further engagement and for the drafting of the SDHU Strategic Plan.

Other Items for Discussion

The engagement activities to date have not addressed the Strategic Plan Guiding Principles or the Criteria for the development of the Strategic Plan. This section outlines the current SDHU Strategic Plan Guiding Principles and identifies preliminary findings categories and principles to apply to inform the development of the Strategic plan. These will be part of the discussion at the May and June consultations with the Senior Management and Board of Health Executive committees, respectively. These are outlined below.

Guiding Principles

The 2013-2017 Guiding Principles

1. A model partnering organization: We work with community groups and organizations to form supportive relationships that may evolve into strategic partnerships, which will improve health equity in our communities.
2. A healthy, protected environment: We promote and protect our communities and environments as they are cornerstones of public health.
3. Equitable access to opportunities for health: We use a determinants of health framework when working with community groups and organizations, striving to provide all citizens with the same opportunities to be healthy.
4. Informed, involved citizens: We involve citizens at all levels of community life so that they also become passionate for public health—especially seniors, youth and local businesses.
5. A visibly active caring community: We promote communities where people take the time at home, work, school, and play to respect and celebrate their differences while sharing a collective interest in striving for physical and mental well-being.

Preliminary Findings Categories

The following categories were identified based on the analysis of the findings and literature review. Each of these categories serve to group the themes that were outlined in Table 6 on page 30 of this report.

Equitable access for all for health

(Indigenous engagement, priority populations, health equity)

- Equitable access to public health services
- Health equity (Social determinants of health)
- Reorienting the health care system
- Advocacy
- Population health approach

Meaningful relationships

(Indigenous engagement, strategic and community engagement)

- Stakeholder and Community Engagement
- Indigenous engagement
- Build capacity with partners
- Non-traditional partners
- Trust

Service excellence and innovation

(CQI, workforce plan, corporate image, ROI)

- Capacity (time & resources)
- Sustainable
- Flexible and adaptable
- Strong and valued corporate image
- Innovative ideas
- Change management
- Internal communication
- Transparency

Evidence Informed Decision Making and Planning

- Population level data & surveillance
- Community engagement
- Using local data to map community wellness and to be responsive to community needs

Principles to guide the development of the Strategic Plan

Along with the Ministry of Health and Long-Term Care's Standards for Public Health Programs and Services and the Accountability Framework and Organizational Requirements Consultation documents, the four principles of Need, Impact, Capacity, Partnership, Collaboration and Engagement are proposed to inform the development SDHU Strategic Priorities:

Need

- That they represent an emerging public health sector issue
- That they are informed by evidence from a variety of sources

Partnership, Collaboration and Engagement

- That there are synergies that can occur from collective action
- That they are based on input and advice that the SDHU received during consultations and engagement activities

Capacity

- That the SDHU is uniquely positioned to influence them
- That there are opportunities for alignment with related initiatives
- That are fiscally responsible

Impact

- That the SDHU is likely to be able to demonstrate an impact on the issue over the next five years
- That they are supported by evidence that action in these areas will have an impact

Summary of Key Considerations

Feedback received from the engagement activities identified key considerations for the development of the next iteration of the SDHU Strategic Plan.

- The 2013-2017 SDHU current Strategic Priorities still resonate; however there are suggestions to streamline and provide more clarity, for example:
 - Merge priorities 1 and 4: as championing opportunities for health and supporting community action for healthy equity have similar outcomes in practice, and
 - Merge priorities 3 and 5 as having similar identifiers and meaning.
- The SDHU Mission and Vision are meaningful to the work that SDHU does and should be kept as currently written.
- The next iteration of the SDHU Strategic Plan should span five years from 2018-2022.
- There should be fewer SDHU Values and suggested the use of a mnemonic so that they are more easily recalled.
- Both community partners (n=100) and the general public (n=93) ranked mental health as the top public health issue, and staff flagged the need to build their capacity in this area. Additional work will need to be done to incorporate mental health promotion into program planning and delivery as outlined in the OSPHPS consultation document.
- Preliminary Findings and Themes:
 - a) *Opportunities for health for all*
 - i. Equitable access to public health services
 - ii. Health equity (Social determinants of health)
 - iii. Reorienting the health care system
 - iv. Advocacy
 - v. Population health approach
 - b) *Meaningful relationships*
 - i. Stakeholder and Community Engagement
 - ii. Indigenous engagement
 - iii. Build capacity with partners
 - iv. Non-traditional partners
 - v. Trust
 - c) *Service Excellence and Innovation*
 - i. Capacity (time & resources)
 - ii. Sustainable

- iii. Flexible and adaptable
- iv. Strong and valued corporate image
- v. Innovative ideas
- vi. Change management
- vii. Internal communication
- viii. Transparency

d) Evidence Informed Public Health Practice

- i. Population level data & surveillance
- ii. Community engagement
- iii. Using local data to map community wellness and to be responsive to community needs

Appendix A: SDHU Strategic Planning 2018 and Beyond Engagement Plan



Appendix B: History of the Strategic Plan

2002–2017: A History of Our Strategic Plan

2002–2004

Mission

Working with our communities to promote and protect health and to prevent disease.

Vision

Healthy communities in which the SDHU plays an essential role.

Strengths

- Collaboration
- Confidence
- Reflection
- Caring leadership
- Innovation
- Passion
- Effective communication
- Commitment

Strategic Directions

1. Invest in health unit development
2. Foster a healthy workplace
3. Promote and practice being a learning organization
4. Focus on the broader determinants of health
5. Ensure organizational alignment

2006–2008

Mission

Working with our communities to promote and protect health and to prevent disease.

Vision

Healthier communities in which the Sudbury & District Health Unit plays a *key* role.

Vision Elements: By 2008 we will have:

- A visibly active, caring community
- A model partnering organization
- A healthy, protected environment
- Informed, involved citizens
- Equitable access to opportunities for health

Strengths & Values

- Collaboration
- Confidence
- Reflection
- Caring leadership
- Innovation
- Passion
- Effective communication
- Commitment

Strategic Directions

1. Intensify partnerships to address public health issues
2. Increase connections with neighbourhoods and communities
3. Enhance population health approaches
4. Increase community voices for public health
5. Expand the use of a social marketing framework

2010–2012

Mission

Working with our communities to promote and protect health and to prevent disease.

Vision

Healthier communities in which the Sudbury & District Health Unit plays a key role.

Strengths & Values

- Collaboration
- Confidence
- Reflection
- Caring leadership
- Innovation
- Passion
- Effective Communication
- Commitment

Strategic Priorities

1. Champion equitable opportunities for health in our communities.
2. Strengthen relationships with priority neighbourhoods and communities, and strategic partners.
3. Strengthen the generation and use of evidence-informed public health practices.
4. Support community voices to speak about issues that impact health equity.
5. Maintain excellence in leadership and agency-wide resource management as key elements of an innovative learning organization.

2013–2017

Mission

Working with our communities to promote and protect health and to prevent disease *for everyone.*

Vision

Healthier communities *for all.*

Values

- Accountability
- Collaboration
- Diversity
- Innovation
- Effective Communication
- Caring Leadership
- Excellence

Strategic Priorities

1. Champion and lead equitable opportunities for health
2. Strengthen Relationships
3. Strengthen evidence-informed public health practice
4. Support community actions promoting health equity
5. Foster organization-wide excellence in leadership and innovation

**The Future of the
Sudbury & District Health Unit**

Appendix C: Response rates by Postal Code

<i>Area Code</i>	<i>Area/Areas</i>	<i>Community partners</i>	<i>General public</i>
<i>P5E</i>	Espanola	6	3
<i>P0P</i>	Manitoulin island	4	2
<i>P0M</i>	Areas Surrounding Old City of Sudbury*	5	16
<i>P3C,P 3E,P3 B,P3G, P3A</i>	Old City of Sudbury**	31	30
<i>M4K</i>	Toronto	1	0
<i>P2B</i>	Sturgeon falls	1	0
<i>P3L</i>	Garson	0	3
<i>P1A</i>	North Bay	0	1
<i>P5A</i>	Elliot Lake	0	1
<i>P3Y</i>	Lively	0	3
<i>Total</i>		48	59

* Includes the following areas: Alban, Azilda, Biscotasing, Blezard Valley, Capreol, Cartier, Chapleau, Chelmsford, Coniston, Copper Cliff, Dowling, Falconbridge, Foleyet, Gogama, Hagar, Hornepayne, Killarney, Levack, Markstay, Missanabie, Mobert, Monetville, Nairn Centre, Naughton, Noelville, Oba, Onaping, Ramsey, St Charles, Shining Tree, Skead, Sultan, Wahnapiatae, Whitefish, White River, and Worthington

**Includes the following areas: Gatchell, West End, Little Britain, Robinson, Lockerby, Downtown, Minnow Lake, Lo-Ellen, McFarlane Lake, and New Sudbury

Appendix D: SDHU Staff Strategic Plan Engagement Survey

Have Your Say in our Next Strategic Plan

Introduction

As we approach the final year of the current Sudbury & District Health Unit Strategic Plan, we invite you to Have Your Say in the next iteration of our Plan. As previously communicated to staff, the development process will take into consideration input from the community and community partners, the Sudbury and District Board of Health, and staff members. The development of the Plan will also consider the current and future context, which includes the proposed Standards for Public Health Programs and Services, the Patient's First Act, local surveillance data, and our focus on collaborating with Indigenous peoples and health equity.

Where do YOU see us going in the next few years? Why not share your candid thoughts? Everything you have to say is valuable! All you need to do is take 10-15 minutes to complete this brief survey. All responses will be anonymous.

The collated responses to the survey will be used as a starting point for staff discussions that will be held on the afternoon of Staff Day 2017. Stay tuned for more!

(SDHU's strategic plan is available to view [here](#))

1. **Reflection on our current Strategic Priorities**

The current Strategic Plan (2013-2017) has five Strategic Priorities. In the following questions, we will be asking you for your opinion about each of these existing priorities.

a) **The first strategic priority is: *Champion and lead equitable opportunities for health***

- Advocate for policies that address health equity.
- Reduce social and economic barriers to health.
- Address a broad range of underlying factors that impact health.
- Support all communities to reach their full health potential.

Do you feel this priority still resonates for the organization in the current context?

Yes, completely

Yes, in part

No, not at all

b) **The second strategic priority is: *Strengthen relationships***

- Invest in relationships and innovative partnerships based on community needs and opportunities.
- Help build capacity with our partners to promote resilience in our communities and neighbourhoods.
- Monitor our effectiveness at working in partnership.
- Collaborate with a diverse range of sectors.

Do you feel this priority still resonates for the organization in the current context?

Yes, completely

Yes, in part

No, not at all

c) The third strategic priority is: *Strengthen evidence-informed public health practice*

- Implement effective processes and outcomes to use and generate quality evidence.
- Apply relevant and timely surveillance, evaluation and research results.
- Exchange knowledge, internally and externally.

Do you feel this priority still resonates for the organization in the current context?

Yes, completely

Yes, in part

No, not at all

d) The fourth strategic priority is: *Support community actions promoting health equity*

- Facilitate diverse community engagement.
- Support awareness, education, advocacy and policy development at local, provincial, and federal levels.
- Tailor programs and services to reflect community voices and needs.
- Seek community input on issues that impact health equity.

Do you feel this priority still resonates for the organization in the current context?

Yes, completely

Yes, in part

No, not at all

e) **The fifth strategic priority is: *Foster organization-wide excellence in leadership and innovation***

- Cultivate a skilled, diverse, and responsive workforce.
- Promote staff engagement and support internal collaboration.
- Invest resources wisely.
- Build capacity to support staff and management core competencies.
- Ensure continuous improvement in organizational performance.
- Promote a learning organization.

Do you feel this priority still resonates for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

2. Thinking of the current and future context, are there any new priority areas you think should be included in our next Strategic Plan?

- No
- Yes, please describe (Please describe): _____

3. SDHU Mission

Our current Mission is: “Working with our communities to promote and protect health and to prevent disease for everyone”.

Does our Mission speak to you for 2018 and beyond?

- No, and why? _____
- Yes, keep it as is.
- Yes, but with modifications (Please describe) _____

4. **SDHU Vision**

Our current Vision is: “Healthier communities for all”.

Does our Vision speak to you for 2018 and beyond?

No, and why? _____

Yes, keep it as is.

Yes, but with modifications (Please describe) _____

5. **Values**

A value is defined as a principle or standard of behavior; one's judgment of what is important in life. Our current Strategic Plan lists seven values in which the Sudbury & District Health Unit believes: accountability, caring leadership, collaboration, diversity, effective communication, excellence, innovation.

Below is a list of a number of values, including our existing values. We would like to know which of these values you feel should influence our organization over the coming years. From the list below please identify your top 3 values.

- Accountability
- Caring Leadership
- Collaboration
- Cultural Diversity
- Effective Communication
- Empowerment
- Equitable
- Equity
- Excellence
- Innovation
- Integrity
- People-Centered
- Proactive
- Transparent
- Trust
- Responsive

- Resiliency
- Sustainable
- Other: _____

6. How well does your SDHU role align with the current SP?

YES it aligns well

Please explain in what way

NO it does not align well

Please explain why not

7. Is there anything else you would like to add regarding our Strategic Plan?

Thank you for participating!

Appendix E: Board of Health Strategic Plan Engagement Survey

Have Your Say in Our Next Strategic Plan

Introduction

As Board members are aware, planning is currently underway for the next iteration of the Sudbury & District Health Unit (SDHU) Strategic Plan. It is critical that the Strategic Plan reflect the Board's direction and this *Have Your Say* survey is one important mechanism for Board members to provide input.

For additional context, please note that the Board of Health Executive Committee members met in February to provide input on the SDHU Strategic Plan engagement process and next steps in the development our Plan. The engagement process will seek input from the community and community partners and staff members, in addition to the important direction from the Sudbury & District Board of Health. The development of the Plan will also consider the current and future context, which includes the proposed Standards for Public Health Programs and Services, the Patient's First Act, local surveillance data, and our focus on collaborating with Indigenous peoples and health equity.

The survey will take 10-15 minutes to complete and all responses are anonymous.

The Board of Health Executive Committee will report back to the Board at regular intervals throughout the process.

The deadline for completion of the survey is April 14, 2017 at 4:30 pm.

(SDHU's strategic plan is available to view [here](#))

1. **Reflection on our current Strategic Priorities**

The Board's current Strategic Plan (2013–2017) has five Strategic Priorities. In the following questions, we will be asking you for your opinion about each of these existing priorities.

f) The first strategic priority is: *Champion and lead equitable opportunities for health*

- Advocate for policies that address health equity.
- Reduce social and economic barriers to health.
- Address a broad range of underlying factors that impact health.
- Support all communities to reach their full health potential.

Do you feel this priority still resonates for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

g) The second strategic priority is: *Strengthen relationships*

- Invest in relationships and innovative partnerships based on community needs and opportunities.
- Help build capacity with our partners to promote resilience in our communities and neighbourhoods.
- Monitor our effectiveness at working in partnership.
- Collaborate with a diverse range of sectors.

Do you feel this priority still resonates for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

h) The third strategic priority is: *Strengthen evidence-informed public health practice*

- Implement effective processes and outcomes to use and generate quality evidence.
- Apply relevant and timely surveillance, evaluation and research results.
- Exchange knowledge, internally and externally.

Do you feel this priority still resonate for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

- i) **The fourth strategic priority is: *Support community actions promoting health equity***
- Facilitate diverse community engagement.
 - Support awareness, education, advocacy and policy development at local, provincial, and federal levels.
 - Tailor programs and services to reflect community voices and needs.
 - Seek community input on issues that impact health equity.

Do you feel this priority still resonates for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

- j) **The fifth strategic priority is: *Foster organization-wide excellence in leadership and innovation***
- Cultivate a skilled, diverse, and responsive workforce.
 - Promote staff engagement and support internal collaboration.
 - Invest resources wisely.
 - Build capacity to support staff and management core competencies.
 - Ensure continuous improvement in organizational performance.
 - Promote a learning organization.

Do you feel this priority still resonates for the organization in the current context?

- Yes, completely**
- Yes, in part**
- No, not at all**

k) **How could we enhance these priorities and/or objectives?**

l) **What do you perceive to be the SDHU's most significant progress related to the strategic priorities and objectives, and why?**

m) **What are emerging areas that require strategic attention?**

2. SDHU Mission

The organization's current Mission is: "Working with our communities to promote and protect health and to prevent disease for everyone".

Does our Mission speak to you for 2018 and beyond?

- No, and why? _____
- Yes, keep it as is.
- Yes, but with modifications (Please describe)

3. SDHU Vision

The organization's current Vision is: "Healthier communities for all".

Does our Vision speak to you for 2018 and beyond?

- No, and why? _____
- Yes, keep it as is.
- Yes, but with modifications (Please describe)

4. Values

A value is defined as a principle or standard of behavior; one's judgment of what is important in life. Our current Strategic Plan lists seven values in which the Sudbury & District Health Unit believes: accountability, caring leadership, collaboration, diversity, effective communication, excellence, innovation.

Below is a list of a number of values, including our existing values. We would like to know which of these values you feel should influence our organization over the coming years. From the list below please identify your top 3 values.

- Accountability
- Caring Leadership
- Collaboration
- Cultural Diversity
- Effective Communication
- Empowerment
- Equitable
- Equity
- Excellence
- Innovation
- Integrity
- People-Centered
- Proactive
- Transparent
- Trust
- Responsive
- Resiliency
- Sustainable
- Other: _____

5. Is there anything else you would like to add regarding our Strategic Plan?

Thank you for participating!

Appendix F: Community Partner Strategic Plan Survey

Have Your Say in Our Next Strategic Plan

Dear Partner,

The Sudbury & District Health Unit (SDHU) is looking for your input to help shape our next strategic plan. For the past five years, work at the Health Unit has been guided by our current strategic plan ([SDHU Strategic Plan 2013–2017](#)). Much progress has been made in many of the identified priority actions in our collective efforts to reduce health inequities and improve the health of the Sudbury and Manitoulin Districts.

What does the Sudbury & District Health Unit do?

In partnership with the people and communities of the 18 municipalities we serve, we strive to protect and promote health and prevent disease. We use a population health approach to:

- Implement activities that focus on creating safe and supportive environments,
- Determine the status of a population's health to inform, support and influence decision-making,
- Address the conditions that affect our health where we live, work and play and,
- Support people to make the healthiest choices possible.

About this survey

This survey consists of eight questions and should take approximately 10-15 minutes to complete. Your participation is voluntary. Your answers will remain anonymous and confidential, however, please note that based on the nature of your responses, your organization may be identifiable

Please share your thoughts openly. Everything you have to say is valuable! Whether you participate or not, your relationship with SDHU will not be affected. The survey will be available from April 5 to May 5, 2017.

If you have any questions or comments, please contact us via email: strategicplan@sdhu.com or by calling 705-522-9200 ext.: 508

*****Please note that all feedback will be considered but may not be used when developing the next iteration of the Sudbury & District Health Unit Strategic Plan.***

1. Which of the statements below best describes your organization:

- Municipal governmental agency
- Provincial governmental agency
- Federal governmental agency
- Community health centre/resource centre
- Hospital
- Long-term care
- Member of office (local, provincial, federal)
- Post-secondary education
- Police
- Private Business
- School board
- Other, please specify: _____

2. How long have you/your organization collaborated with the SDHU?

- 0-2 years
- 3-5 years
- 6-10 years
- longer _____

3. From the current SDHU Strategic Plan priorities, please select those that best align with your organization's goals/priorities? ([SDHU Strategic Plan 2013-2017](#)):

- Champion and lead equitable opportunities for health
Please describe how this aligns with your organization's goals/priorities:

- Strengthen relationships
Please describe how this aligns with your organization's goals/priorities:

- Strengthen evidence-informed public health practice
Please describe how this aligns with your organization's goals/priorities:

- Support community actions promoting health equity
Please describe how this aligns with your organization's goals/priorities:

- Foster organization-wide excellence in leadership and innovation

Please describe how this aligns with your organization's goals/priorities:

4. Thinking of the current and future context, are there any new priority areas you think should be included in the Sudbury & District Health Unit's next Strategic Plan?

5. Of the following 21 topics, rank your top 5 public health issues in order of importance, with 1 being the most important issue. Note: Please only rank 5 issues in total.

- Access to dental care
- Addictions (e.g. drug use other than alcohol)
- Alcohol use
- Body art and spa safety (e.g. inspection of tattooing, piercing, manicure services)
- Community health data (e.g. monitoring diseases)
- Emergency readiness (e.g. pandemic flu, flooding)
- Environmental health (e.g. monitoring air quality, climate change)
- Food and water safety (e.g. restaurant inspections, drinking water, beaches)
- Healthy child development (e.g. positive parenting, healthy growth and development)
- Healthy community design (e.g. walkable and bikeable communities)
- Healthy eating and physical activity
- Immunizations (e.g. flu, measles, mumps)
- Infectious diseases (e.g. reducing spread of tuberculosis, Lyme disease, West Nile virus, sexually transmitted diseases, rabies)
- Injury prevention (e.g. falls prevention, road safety)
- Mental health
- Mother and baby health (e.g. healthy pregnancy, breastfeeding)
- Prevention of disease outbreaks (e.g. hospitals, long-term care homes, schools)
- Sexual health
- Social determinants of health (e.g. education, employment, income, social networks).
- Suicide prevention
- Tobacco-free living (e.g. quitting smoking, smoke-free regulations)
- Other _____

6. Thinking of how you collaborate with the Sudbury & District Health Unit:

- a) What types of initiatives or activities are you involved in with the Sudbury & District Health Unit?

- b) What other initiatives or activities would you like to see the Sudbury & District Health Unit collaborate on with you?

7. Is there anything else you would like to add regarding our Strategic Plan?

8. What are the first 3 digits of your postal code? (This question is optional but helpful for us to make sure we hear from all the municipalities we serve.)

9. Would you like to be part of the Sudbury & District Health Unit distribution list to receive key information from the office of the Medical Officer of Health and Chief Executive Officer?

- Yes, (will link participants to a separate survey to collect database of names-this ensures anonymity)
- No, thank you.

Thank you for participating in SDHU's strategic plan survey!

A social media event, to report back to the community, will take place in the fall. Stay tuned!

Appendix G: General Public Strategic Plan Engagement Survey

Have Your Say in Our Next Strategic Plan

The Sudbury & District Health Unit is looking for your input to help shape our strategic plan that will guide future public health programs and services. We want to hear what public health issues matter most to you. (Click the link for more information about our [SDHU Strategic Plan 2013-2017](#))

Your ideas will help us improve health and well-being in our community, so we can continue focusing on the programs and services that make a difference.

What does the Sudbury & District Health Unit do?

Our role is to improve and protect the health of people who live, work and visit the 18 municipalities we service. The province tells us the types of programs and services we should deliver and the information from the public, our partners, research and statistics tells us how we should do this. Our programs and services are delivered through different types of activities that promote health, and prevent disease and injury. Some of these include:

- Making our beaches and the food we eat safer,
- Advocating for laws on tobacco and marijuana use,
- Providing vaccination, dental and sexual health services,
- Connecting families to the services they need,
- Working with partners to make sure everyone has access to healthy foods, has a place to live and has enough money to pay the bills,
- Making sure we all have safe neighbourhoods to play in,
- Gathering information to create a map of the wellness of our communities to help us plan for programs that mean something in our neighborhoods, and
- Supporting schools and communities to help children learn the skills they need to make healthy choices.

**If you would like to know about some of our 2016 program highlights click here ([2016 SDHU by the numbers](#))

About this survey

This survey has **5 questions** and 3 optional ones. It will take you approximately **10-15 minutes** to complete. Your participation is voluntary and your answers are anonymous and confidential. Questions about your age, gender, and location of residence within the Sudbury and Manitoulin Districts are optional. Answering this survey will not impact the quality of services offered to you by the Sudbury & District Health Unit. You are free to discontinue this survey at any time.

The survey will be open from April 5 to May 8, 2017.

If you have any questions or comments, please contact us via email: strategicplan@sdhu.com or by calling 705-522-9200 ext.: 508

*****Please note that all feedback will be considered but may not be used when developing the next iteration of the Sudbury & District Health Unit Strategic Plan.***

1. How familiar are you with Health Unit programs and services?

- Not at all familiar***
- Somewhat familiar***
- Very familiar***
- Unsure***

2. When you think about you and your family's health what comes to mind?

3. In your opinion what do you think would make our community healthier?

4. Of the following 21 topics, please select the five issues you believe to be most important to the public's health.

Note: Please only select 5 issues in total.

- Able to get shots and vaccines (e.g. flu, measles, mumps)
- Access to dental care
- Access to safe housing, healthy foods, income, education, employment and a support system
- Addictions (e.g. drug use other than alcohol)
- Alcohol use
- Body art and spa safety (e.g. inspection of tattooing, piercing, manicure services)
- Diseases caused by infections (e.g. reducing spread of tuberculosis, Lyme disease, West Nile virus, sexually transmitted diseases, rabies)
- Healthy child development (e.g. positive parenting, healthy growth and development)
- Healthy eating and physical activity
- Mental health
- Mother and baby health (e.g. healthy pregnancy, breastfeeding)
- Prevention of disease outbreaks (e.g. hospitals, long-term care homes, schools)
- Prevention of injuries (e.g. falls prevention, road safety)
- Ready for emergencies (e.g. pandemic flu, flooding)
- Reduce health hazards in the environment (e.g. monitoring air quality, climate change)
- Safe foods and water (e.g. restaurant inspections, drinking water, beaches)
- Safe walkable communities (e.g. walkable and bikeable communities)
- Sexual health
- Statistics to assess community health (e.g. monitoring diseases)
- Suicide prevention
- Tobacco-free living (e.g. quitting smoking, smoke-free regulations)
- Other _____

5. What are the barriers preventing your community from being healthier?

6. Public health should.....

The following questions are optional but helpful for us to make sure we hear from all the municipalities we serve.

6. What are the first 3 digits of your postal code?

7. What is your age?

- Under 18
- 18 to 24
- 25 to 39
- 40 to 64
- 65 +

8. What is your gender?

- Male
- Female
- Neither of these options describes my gender. I self-identify as _____.
- Prefer not to answer

Thank for you completing this survey. It will help us to provide better public health services to our community.

A social media event, to report back to the community, will take place in the fall. Stay tuned!

Appendix H: Literature Search and Health Status Demographics

<i>Themes</i>	<i>Literature</i>	<i>Health Status Report Demographics</i>
<p><i>Access to Public Health services/programs*</i></p>	<ul style="list-style-type: none"> • Barriers to access oral health services include: financial, geographical and lack of awareness (College of Dental Hygienists of Ontario[CDHO], 2014) • Unemployed, contract and part-time workers cannot afford dental services (CDHO, 2014) • Limited mental health programs for children and youth (Levy, 2014) • Lowest income group paid 6% of their income on health care (CIHI, 2013) • Transportation is a barrier to accessing mental health services (CMHA, 2009) • Lack of mental health services (CMHA, 2009) • Increase access to smoking cessation services (Cancer Care Ontario, 2012) • Low income populations are less likely to access health care services (Health Quality Ontario, 2016) 	<ul style="list-style-type: none"> • Residents in the most deprived areas have less access to mental health promotion/services (SDHU, 2013) • 73% responded they were “very/somewhat familiar” with the programs offered by SDHU • 58% reported using the services offered by SDHU (SDHU, n.g.)

<p><i>Health equity</i></p>	<ul style="list-style-type: none"> • <i>hospitalization rates increased for the lowest-income</i> • <i>hospitalization rates decrease for highest-income [CHI, 2015]</i> • <i>unemployment rates for 15 years and older was 6.8% (PHAC, 2016)</i> • <i>highest income brackets lived 5 years younger (PHAC, 2011)</i> • <i>low SES resulted in higher rates of illness and injury (PHAC, 2011)</i> • <i>Indigenous populations are 3 times more likely to develop Type 2 diabetes (PHAC, 2011)</i> • <i>Women have a lower SES compared to non-indigenous Canadians (Richmond & Cook, n.g.)</i> • <i>Health care costs are higher for low income populations (CHI, 2013)</i> • <i>The need for more programs/policies to focus on the social determinants of health (SDoH) (Auber, Howell, & Gomes, 2016)</i> 	<ul style="list-style-type: none"> • <i>36.3% believed income was “extremely or very important” in health definition</i> • <i>53.8% perceived education as “extremely or very important”</i> • <i>78% perceived employment as “extremely or very important”</i> • <i>89.6% perceived housing as “extremely or very important”</i> • <i>87.3% perceived social support as being “extremely or very important” (SDHU, 2016)</i> • <i>Emergency visits for mental health episodes was 4.4 times higher in deprived areas in the SDHU area (SDHU, 2013)</i> • <i>Infant mortality rate is 2.4 times more higher in deprived areas (SDHU, 2016)</i> • <i>Data from the Rapid Risk Factor Surveillance System (RRFSS) conducted in the SDHU catchment area and across eleven other public health units in 2013 revealed that quality health care and lifestyle choices were perceived as the most important factors to influence physical and mental health, while money and education were considered among the least important</i>
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<p><i>Mental Health</i></p>	<ul style="list-style-type: none"> • <i>Lack of available information on mental health services (CMHA, 2009)</i> • <i>Services are less accessible in rural areas (CMHA, 2009)</i> • <i>600,000 Canadian’s had unmet mental health needs (Statistics Canada, 2013).</i> • <i>3.5 million Canadians used services for mood and anxiety disorders (PHAC, 2016)</i> • <i>Middle aged females were more likely to use services for mood and anxiety disorders</i> • <i>Counselling needs were less likely met (Statistics Canada, 2013)</i> • <i>Higher rates in female youth (Guruge & Butt, 2015)</i> • <i>Limited programs for children and youth (Levy, 2014)</i> • <i>Lack of support for suicide prevention (Levy, 2014)</i> • <i>Transportation is a significant barrier to accessing services (CMHA, 2009)</i> • <i>The geographic location of mental health services for children in indigenous communities can be an obstacle (Ontario Centre of Excellence for Child and Youth Mental Health, 2015)</i> 	<ul style="list-style-type: none"> • <i>70.1% of individuals aged 12 years and older rated their mental health as “excellent” or “very good”</i> • <i>48% of seniors aged 65 years and older rated their mental health as “excellent” or “very good”</i> • <i>Respondents aged 12 to 18 years, in the Sudbury & District Health Unit catchment area, 23% had seen or talked to a health professional about their emotional or mental health in the past 12 months (CCHS, 2013/2014 data)</i>
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<p><i>Communication</i></p>	<ul style="list-style-type: none"> • <i>Proper tools (i.e. strategies and resources) are needed for effective communications with indigenous families (Ontario Centre of Excellence for Child and Youth Mental Health, 2015)</i> • <i>Public health must be more creative with how they connect with target audiences to ensure effective programs/services (Public Health Ontario, 2013)</i> • <i>Social media has been shown to provide effective communication (Newbold, 2015)</i> • <i>Social media can be used to deliver important information such as beach closings, weather advisories and promote current events (Newbold, 2015)</i> • <i>The application of health communication principles in public health may often face barriers (Rimal & Lapinski, 2009)</i> • <i>Use forms of communication applicable to the community, and linguistically appropriate (LHIN, 2017)</i> 	<ul style="list-style-type: none"> • <i>40% responded they would prefer receiving information from the health unit by mail or directly sent to their home address (SDHU, 2017)</i> • <i>Awareness of immunizations for parents and guardians has increased significantly in the SDHU region (SDHU, 2017)</i> • <i>68.8% of adults in the SDHU catchment area report using social media (Facebook, YouTube, Twitter, blogs etc.) (SDHU, 2014 RRFSS data)</i>
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<p><i>Engagement/collaboration</i></p>	<ul style="list-style-type: none"> • <i>Further improve the quality of existing local community engagement in access to health care (LHIN, n.g.)</i> • <i>Collaboration helps reduce the burden disease in Canada (PHAC, 2012)</i> • <i>Collaboration and partnerships are key in preventing injury/illness and keeping the public healthy (PHAC, 2012)</i> • <i>Collaborative models of health must continue to be strengthened by Health Canada to better support indigenous populations through holistic measures (Health Canada, 2014)</i> • <i>Engagement in community initiatives may result in self-confidence and self-esteem for participants (Attree et al. 2011)</i> • <i>Community engagement promotes community capacity, fosters trust and builds resiliency (SDHU, 2017)</i> 	<p><i>Not available</i></p>
<p><i>Transparency</i></p>	<ul style="list-style-type: none"> • The Government of Canada has placed much importance on openness and transparency • In order to establish successful public engagement, engagement activities should be timely and transparent (Health Canada and the Public Health Agency of Canada, 2016) 	<ul style="list-style-type: none"> • SDHU has made a commitment to increase transparency in reporting to the public (SDHU, 2015)

<p><i>Indigenous engagement</i></p>	<ul style="list-style-type: none"> • <i>Engagement between child/youth mental health agencies and indigenous families is crucial for positive outcomes</i> • <i>Indigenous family engagement has been found to produce a positive impact</i> • <i>Organizations and providers need to have proper resources (training, and supervision) at their disposal to support the implementation of family engagement programs (Ontario Centre of Excellence for Child and Youth Mental Health, 2015)</i> • <i>Community based initiatives, cultural pride and traditional approaches to health have resulted in improvements in mental, physical and spiritual in indigenous communities (Hunt, 2015)</i> • <i>Communication with indigenous populations must be culturally-safe and relationship centered (Hunt, 2015)</i> 	<ul style="list-style-type: none"> • <i>The percentage of Aboriginal people living off-reserve in the SDHU service area who reported that their health was excellent or very good was 58% [similar to 59% for the non-Aboriginal in the SDHU service area population] (CCHS 2005–2014)</i> • <i>There are 13 First Nations within the SDHU area</i> • <i>Indigenous seniors on reservations are not receiving long-term care support (Richmond & Cook, n.g.)</i> • <i>SDHU has engaged with Algoma Public Health and seven communities within the Maamwesying North shore Community Health Services (SDHU, 2016)</i>
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<p><i>Internal communication</i></p>	<ul style="list-style-type: none"> • <i>Public engagement requires collaboration and coordination between departments and the agency (internal communication) (Health Canada and the Public Health Agency of Canada, 2016)</i> • <i>Effective communication is often determined by the use of an organizational network (Kwateng et al. 2012)</i> • <i>Examples of engagement tools: Community Health Magazine, Weekly Bulletin, and Team Meetings (Kent Community Trust, 2013)</i> 	<p>N/A</p>
<p><i>Corporate image</i></p>	<ul style="list-style-type: none"> • In the face of current resource-constrained economy and mounting fiscal pressures, public health must prioritize health promotion and prevention strategies that yield the most benefit for the investment (CPSA, 2015; OPHA, 2016) • Shifting awareness and knowledge within a population requires broader education and awareness raising strategies offered under the umbrella of health communications (CDC, 2015). 	<ul style="list-style-type: none"> • In 2008, 73% of adults indicated that they are “very/somewhat familiar” with the health unit’s programs or services. There is no significant difference from 2006 (71%). (Rapid Risk Factor Surveillance System [RRFSS], 2008)
<p><i>Innovative ideas</i></p>	<ul style="list-style-type: none"> • Innovations in public health are occurring in Canada (Hancock, Barr, & Potvin, n.g.) • Innovative health communication approaches include health journalism, media advocacy, risk communication, social communication and social marketing (wellness dictionary, 2013) 	<ul style="list-style-type: none"> • 37.6% of adults 18+ in the SDHU catchment area report looking for health information using social media (SDHU 2014 RRFSS data) • 31.1% of adults 18+ in the SDHU catchment area report sharing health information via social media (SDHU 2014 RRFSS data)

<i>Primary care</i>	<ul style="list-style-type: none"> • Increasing primary care services is important for marginalized populations (Browne et al. 2012) • Indigenous populations experienced barriers in accessing medical doctors (Auger, Howell, & Gomes, 2016) • The need for greater access to traditional health care in the urban setting (Auger, Howell, & Gomes, 2016) 	<ul style="list-style-type: none"> • Residents living in the most deprived areas were less likely to have access to a medical doctor (SDHU, 2013) • Having access to a medical doctor decreases with greater deprivation (SDHU, 2016) • Emergency department visits are lower compared to the rest of northeastern Ontario (SDHU, 2016) • Hospitalization rates are higher for females vs. males (SDHU, 2016) • 95.2% believed quality healthcare was “extremely or very important (SDHU, 2015) • 42% agreed the health care system works well and requires minor changes (SDHU, 2015) • 61% rated their health as good or excellent 20% left overnight hospitalization without written instruction (SDHU, 2015)
<i>Evidence informed decision making</i>	<ul style="list-style-type: none"> • Community engagement is a key part of obtaining evidence in public health and may be interpreted through the spheres of Evidence Informed-Practice (SDHU, 2017) • Immunization program planning are evidence informed (Government of Ontario, 2015) • Evidence shows increasing primary care services is important in reducing health inequalities (Browne et al. 2012) 	<ul style="list-style-type: none"> • The SDHU created the SDHU OPHS Evidence-Informed Planning Cycle to guide program planning • The SDHU EIDM Planning Cycle has been presented and referenced provincially

Trust	<ul style="list-style-type: none"> • <i>Indigenous populations mistrusted care when accessing medical doctors (Auger, Howell, & Gomes, 2016)</i> • <i>Enhance patient trust when receiving medical care (Browne et al. 2012)</i> • <i>Build trust and relationships in the community and seek commitments from formal and informal leaders (SDHU, 2017)</i> • <i>Gaining the trust of community members is the first and the most important challenge to overcome (SDHU, 2017)</i> 	<ul style="list-style-type: none"> • <i>Not available</i>
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Feedback from BOH Consultation (February 16, 2017)

- 1) Five year plan: 2018-2022
- 2) No need to fix what is not broken
- 3) Policy priorities vs. program priorities
 - Keep High level priorities
 - Mental health (program planning- OSPHPS)
- 4) Clear, concise, and interactive (Windsor's Strategic Plan)
- 5) Cross-cutting
 - Health equity
 - Strengthening of relationships
 - Efficiencies, equitable (how they can be different)
- 6) Ongoing challenges to Northern communities
- 7) Sustainability
 - Presence in district offices
 - Fiscal constraints
- 8) Indigenous engagement
- 9) Language from Patient Firsts Act
- 10) Communications and awareness
 - Promote and sell ourselves (as an organization)
- 11) Leadership
- 12) Innovation
- 13) Accountability

Strategic Plan Engagement Activities—Preliminary Findings and Themes (March-May 2017)

Opportunities for health for all

- Equitable access to public health services
- Health equity (Social determinants of health)
- Reorienting the health care system
- Advocacy
- Population health approach

Meaningful relationships

- Stakeholder and Community Engagement
- Indigenous engagement
- Build capacity with partners
- Non-traditional partners
- Trust

Service Excellence and Innovation

- Capacity (time & resources)
- Sustainable
- Flexible and adaptable
- Strong and valued corporate image
- Innovative ideas
- Change management
- Internal communication
- Transparency

Evidence Informed Public Health Practice

- Population level data & surveillance
- Community engagement
- Using local data to map community wellness and to be responsive to community needs

IN CAMERA

MOTION: *THAT* this Board of Health Executive Committee goes in camera.
Time: _____ p.m.

RISE AND REPORT

MOTION: THAT this Board of Health Executive Committee rises and reports.
Time: _____ p.m.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____ p.m.