



Board of Health Executive Committee Meeting

Thursday, November 30, 2017

10 a.m. until noon

Sudbury & District Health Unit, Boardroom

Board of Health Executive Committee Meeting - November 30, 2017

10 a.m. to noon., SDHU Boardroom

1. CALL TO ORDER

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

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4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated June 14, 2017

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MOTION: Approval of Board Executive Committee Meeting Notes

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5. NEW BUSINESS

5.1 Strategic Planning

5.1.1 BOH and Senior Management Workshop Findings for Strategic Plan

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5.1.2 Revised Report

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5.1.3 2018-2022 Strategic Plan Handout

Page 96

5.2 Visual Identity

5.2.1 BOH and Senior Management Workshop Findings for Visual Identity

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5.3 Launch and Socialization

5.3 Launch and Socialization

Page 102

5.4 Accountability and Monitoring

6. ADJOURNMENT

MOTION: Adjournment

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AGENDA
EXECUTIVE COMMITTEE OF THE BOARD
THURSDAY, NOVEMBER 30, 2017
10:00 A.M TO 12:00 P.M.
BOARDROOM – SUDBURY & DISTRICT HEALTH UNIT

MEMBERS: Janet Bradley Jeff Huska René Lapierre
 Paul Myre Ken Noland

STAFF: Nastassia McNair Rachel Quesnel France Quirion
 Renée St Onge 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 June 14, 2017 *

MOTION: THAT the meeting notes of the Board of Health Executive Committee meeting of June 14, 2017, be approved as distributed.

5. NEW BUSINESS

5.1 Strategic Planning

5.1.1 Board of Health and Senior Management Workshop
Findings for Strategic Plan *

5.1.2 Revised Report*

5.1.3 2018-2022 Strategic Plan Handout *

5.2 Visual Identity

5.2.1 Board of Health and Senior Management Workshop
Findings for Visual Identity*

5.2.2 Revised Visual Identity

5.3 Launch and Socialization*

5.4 Accountability and Monitoring

6. ADJOURNMENT

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

*attachment

**BOARD OF HEALTH EXECUTIVE COMMITTEE
MEETING NOTES**

WEDNESDAY, JUNE 14, 2017

1 TO 3:30 P.M.

BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT

MEMBERS:	Janet Bradley Ken Noland	René Lapierre	Paul Myre
REGRETS:	Jeff Huska		
STAFF:	Nastassia McNair Rachel Quesnel	Nicole Frappier Renée St Onge	France Quirion Dr. Penny Sutcliffe
Guest:	Stephanie Marie-Clara Elchyson, MPH Student		

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:07 p.m. Introductions took place.

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. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated February 16, 2017

04-17 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Myre – Bradley: THAT the meeting notes of the Board of Health Executive Committee meeting of February 16, 2017, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Strategic Planning

Significant work has taken place relating to the SDHU's strategic planning following the February 16, 2017, Board Executive Committee meeting.

The purpose of today's discussions on strategic planning was outlined as follows:

- Provide background & recap of the February 16, 2017, Board EC session
- Review findings to date

- Discuss key findings and themes resulting from the engagement
- Conduct a swot analysis on these findings
- Next steps

Dr. Sutcliffe and R. St Onge were acknowledged for their work and leadership for the development the next iteration of the strategic plan.

A print copy of the current 2013 – 2017 Strategic Plan was distributed as a reminder of where we are at with our current plan. Current and proposed drivers were outlined such as the modernization of the Ontario Public Health Standards and the Accountability Framework and Organizational Requirements. Additional key drivers and considerations were also pointed out, including the Patients First Act.

An updated engagement plan diagram shows where we are at with the identified engagement process.

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

Engagement activities to date includes 750 responses within the SDHU catch area and included:

- a consultation with the Senior Management Executive committee.
- a consultation with the Board Executive Committee members
- 5 responses from BOH member 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

A summary was provided regarding the strategic plan engagement work that has taken place to date, i.e., critical appraisal of peer reviewed literature, local health status data, environmental scan of other health units and health organizations, health status report as well as engagement activities.

Details were provided on strategies and approach for the community partner survey to obtain feedback from partner agencies.

Considerations identified and brought forward at the consultations and in findings to date include:

- Keep: Current vision and mission
- Refresh: consider combining some priorities
- Revise: Have fewer values, consider a mnemonic
- Use: Clear and consistent language
- Decrease: Number of components
- Mental health was identified as a top health issue

Further unpacking took place to better understand the following four key findings and themes:

1. Equitable opportunities for all for health
 - Equitable access to public health services

- Health equity (social determinants of health)
- Reorienting the health care system
- Advocacy
- Population health approach
- 2. Meaningful relationships
 - Stakeholder and community engagement
 - Indigenous engagement
 - Build capacity with of partners and overall system capacity
 - Non-traditional partners
 - Trust
- 3. Service Excellence & Innovation
 - Capacity (time & resources)
 - Sustainable
 - Flexible and adaptable
 - Strong and valued corporate image
 - Innovative ideas
 - Change management
 - Internal communication
 - Transparency
 - Board open to staff exploring this through a governance lens to capture governance/ leadership; CQI; accountability
- 4. Evidence-Informed Public Health Practice
 - Population level data and surveillance
 - Community engagement
 - Using local data to map community wellness and to be responsive to community needs

The following four principles will be factored and help inform the development of SDHU strategic priorities:

- 1) Need
- 2) Partnership, collaboration and engagement
- 3) Capacity
- 4) Impact

SWOT exercise was conducted that is specific to what discussed today.

1. What opportunities exist at the SDHU to address these key concepts and themes?
 - Strong partnerships we can leverage
 - Explore new partnerships
 - Work with other Northern HUs
2. What are the threats or potential threats that the SDHU needs to consider to be able to address these key concepts and themes?
 - Funding
 - Regionalization
 - Strengthening links
3. What strengths does the organization have to deal with threats or opportunities?
 - Leadership aware of what is happening at a system level, MOH and Director at provincial level committees
 - Responsiveness to internal and external issues
 - Non-defensiveness / openness to hearing feedback

4. What weaknesses does the organization have to deal with threats and opportunities?
 - Small – decisions difficult
 - Succession planning

Discussion ensued regarding considerations and possible next steps. Topics covered included northern/rural perspective and advocacy; the importance of Board's engagement in the strategic planning process, possible prioritization of actions for each priority. Further key stakeholder engagement, i.e., indigenous partners, was supported. Another suggestion was seniors groups such as the CGS senior advisory panel. Possible consultation with the municipal associations, such as the MMA, SEMA and Lacloche Foothills Association was discussed; however, it was concluded that, in order to be more meaningful, that this could take place afterwards to promote the plan. The feasibility of this will be further explored.

The Board EC members were thanked.

Next steps will involve validation, check-ins prior to the September 28 workshop with the full Board and Senior Managers on September 28.

6. IN CAMERA

05-17 IN CAMERA

Moved by Myre – Noland: THAT this Board of Health Executive Committee goes in camera. Time: 2:45 p.m.

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

7. RISE & REPORT

06-17 RISE AND REPORT

Moved by Noland – Myre: THAT this Board of Health Executive Committee rises and reports, Time: 3:05 p.m.

It was reported that one personal matter was discussed in camera and the following motion emanated:

07-17 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

Moved by Noland – Myre: THAT this Board of Health Executive Committee approve the meeting notes of the June 28, 2016, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

8. ADJOURNMENT

08-17 ADJOURNMENT

Moved by Myre – Bradley: THAT we do now adjourn. Time: 3:07 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 June 14, 2017, be approved as distributed.

BOH/Senior Management Workshop Findings for Strategic Planning

At the September 28, 2017 workshop with the Board of Health (BOH) and Senior Management Executive Committee (EC), feedback was collected on the proposed strategic plan components. The following table outlines what was heard at the workshop and how it has been, or will be, addressed to update the proposed documents.

Table 1. Strategic Plan Updates

Components	What we heard (workshop feedback)	What was done (or will be done) in response
Vision and Mission	Participants agreed with engagement activity findings that mission and vision continue to resonate. They like that we seem to making the previous version of the strategic plan stronger.	Visions and mission were left the same as proposed and as the 2013-2017 Strategic Plan.
Values	A number of participants indicated that some of the values didn't resonate and that they felt values were forced to fit the mnemonic.	It was decided that the values list would be refined and a mnemonic would only be used if it fit with the words selected, not selecting words to fit a mnemonic.
	Participants agreed that there were too many values and recommended that 3-5 are selected as the principles to guide our work.	Values were refined and a total of 3 values are now proposed.
	Participants liked the idea of value statements to help individuals understand how to apply the value in their work but, they felt that some of the definitions overlapped or did not resonate with their interpretation of the word.	Value statements were revised to reflect feedback from workshop participants. If values overlapped, their statements were combined as recommended (ex. components from honesty and accountability were grouped with trust). The definition for humility was also revised to be broader and not just reflective of cultural humility.
	Some of the values are reiterated from the priorities. It was recommended that if the wording is included in a strategic priority that it doesn't need to be repeated in the value and vice versa.	Values that occur within the proposed priorities were removed from the value list to avoid duplication. Equity is reflected in priority one; Leadership, Excellence, and Innovation are grouped with priority three; and Accountability and Honesty were incorporated into the value of Trust as recommended.
	There was some discussion about using the word "Principles" instead of "Values" since the values are reflecting the principles that guide our work.	We will continue to use "Values" to remain consistent with previous strategic plans and the language used in engagement activities.

Components	What we heard (workshop feedback)	What was done (or will be done) in response
Priorities	<p>Participants liked that the priorities seemed to build on the previous strategic plan and that they were short and easy to remember. Verbs are important to indicate action but it was recommended that these be included in defining elements or the implementation plan.</p>	<p>Priority names were kept short and modified to two words each. Verbs are used in the defining elements (bullet points) and will be incorporated into the socialization and implementation plans.</p>
	<p>Throughout the workshop there was a great deal of discussion about the word choices in the priority names.</p> <ul style="list-style-type: none"> - Many participants found the language in priority one “Equitable opportunities for all for health” to be too wordy. There was a recommendation to drop for health because it should be implied with our work in public health. There was also a recommendation to drop for all because this is implied by being equitable and is already stated in the vision. - Participants were uncertain about the use of the word “meaningful” in priority two “Meaningful Relationships”. They were seeking clarity on the meaning. - Participants proposed using “organizational capacity” for priority four instead of “commitment” to help clarify that it is about our internal ability to do the work. 	<ul style="list-style-type: none"> - Priority one “Equitable opportunities for all for health” has been retitled “Equitable opportunities” to help make it less wordy. - Priority two has been left as “Meaningful Relationships” as the word meaningful is used throughout the Standards for Public Health Programs and Services and, one of things that we heard from the engagement activities was, to ensure consistent language. - Much discussion was had around the title of opportunity four. It has been left as “Organizational Commitment” because it was felt that this priority is more about how we set ourselves up to do our work well (as an agency, not just a workforce). It is not just about capacity. Other suggestions could be considered.
	<p>Many found that priorities 3 (“Excellence & Innovation”) and 4 (“Organizational Commitment”) shared some similarities so it was recommended that elements within these priorities are more clearly defined to show the difference between the external and internal focus.</p>	<p>In order to more clearly differentiate between priorities 3 (Excellence & Innovation) and 4 (Organizational Commitment), the descriptor sentences prior to the defining elements were updated.</p> <p>Priority 3 (“Excellence & Innovation”) was also retitled “Practice Excellence” to emphasize that it is about excelling in our public health practice when we provide services to others.</p>

Components	What we heard (workshop feedback)	What was done (or will be done) in response
		<p>Defining elements for each of these priorities were also revised to make a more clear distinction between what is being done for our clients, community, and the field of public health as opposed to what is done within the organizational to set us up for success.</p>
	<p>Some participants recommended that we incorporate resilience and innovation in the defining elements.</p>	<p>A couple of bullet points in the defining elements of the applicable priorities now have this language.</p>
	<p>Some participants found that the concepts within the defining elements (bulleted lists) are captured in the priority titles and that the bullets could be included in an implementation plan or internally for staff use.</p>	<p>The defining elements (bulleted lists) were kept to help clarify the meaning of each priority and to distinguish between priorities three and four. The lists however were shorted significantly so there are now only 5 bullets per priority. Priority titles may also stand on their own in some graphics if needed.</p> <p>Other components from the proposed defining elements presented at the workshop will be incorporated into the implementation plan.</p>
<p>Socialization and Dissemination</p>	<p>Many suggestions were provided for how we can promote the strategic plan in the community.</p> <p>One specific idea suggested highlighting one priority per year and then combining all four in the fifth year of the plan/promotion.</p>	<p>Suggestions will be incorporated into the socialization and dissemination plan that will be developed by the members of the Strategic Plan Committee.</p> <p>Highlighting one priority each year was discussed however it was felt that we did not want to forget about the other priorities by only focusing on one. For this reason, we are hoping to promote all priorities throughout the strategic plan period and select messages could emphasize one priority at a time as part of the communication strategy.</p>
	<p>It was recommended that BOH members get involved in the promotion of the strategic plan, for example by live tweeting at board meetings.</p>	<p>This suggestion will be considered in the socialization and dissemination plan. Other methods for the BOH to “live” the plan will also be brainstormed.</p>
	<p>We need to work to find a balance between too much promotion and not enough.</p>	<p>The committee will work to incorporate this lens in the socialization plan.</p>

Components	What we heard (workshop feedback)	What was done (or will be done) in response
		<p>The socialization plan will outline a launch event for the new strategic plan and VI to showcase the changes. A proposed invitation list (of key stakeholders) will also be created.</p> <p>An outline of the socialization plan, including the launch event, will be presented to the BOH Executive Committee at the end of November. Additional feedback will be collected.</p>

Also, please note that while revising components of the Strategic Plan, an error was found in some of the engagement numbers that were presented during the workshop. The number of world café participants had accidentally been counted twice so in the corrected numbers, there are nearly 530 responses to strategic plan engagement: 227 world café participants and 300 survey participants. The original number was presented as over 750 responses as the world café participants were counted among the survey respondents as well. This number has also been updated in the report on the development of the strategic plan. Correct numbers were presented to Management Forum at the October 31st meeting and are correctly reflected in the poster for OPHA fall forum.

Report on the development of the SDHU 2018-2022 Strategic Plan

Final Report

Sudbury & District Health Unit
Rev. November 2017¹



Sudbury & District

Health Unit

Service de
santé publique

¹ This version of the report incorporates feedback from the Board of Health and Senior Management workshop.

Authors

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Acknowledgements

The 2018-2022 SDHU Strategic Plan was developed with direction from the Sudbury & District Board of Health Executive Committee, on behalf of the Board of Health, with support from the Senior Management Executive Committee (EC), the staff leads for Strategic Planning, and the Strategic Plan Committee (SPC). The Senior Management Executive Committee and the Board of Health Executive Committee served as advisory bodies for the planning and engagement processes and provided guidance on key components for the development of the plan. The SPC served as a forum to discuss dissemination and implementation opportunities and will continue to champion the adoption of the Strategic Plan.

We would also like to thank members of the general public, external partners, and SDHU staff, for providing feedback and participating in the engagement activities that helped to shape the proposed 2018-2022 SDHU Strategic Plan.

The Sudbury & District Health Unit

Who are we?

The Sudbury & District Health Unit (SDHU) is one of 36 public health units in Ontario funded jointly by local and provincial governments. With a main office in the City of Greater Sudbury and 5 additional offices throughout the districts of Sudbury and Manitoulin, the SDHU services 196,448 residents across 18 municipalities and a geographical area of approximately 46,551 km² (Statistics Canada, 2017). *A statement will be added to recognize the Indigenous territories in the SDHU catchment area.*

The SDHU is a progressive public health agency committed to improving health and reducing social inequities in health through evidence-informed practice. Over 250 SDHU staff work locally with individuals, families, the community and partner agencies to promote and protect health and to prevent disease while delivering provincially legislated public health programs and services.

Public health programs and services are geared toward people of all ages and are delivered in a variety of settings including day care and educational settings, homes, health care settings and community spaces. Each community within the SDHU service area is diverse and has unique needs that help to inform program and service delivery such as:

- The SDHU area has a low population density of four persons per square kilometre, compared to Ontario at 14 persons per square kilometre (SDHU, 2013a).
- Approximately 82% of the SDHU area population lived within Greater Sudbury in 2011 (SDHU, 2013a).
- Those aged 0 to 14 years comprised about 16% of the population in 2011, while baby boomers (45 to 64 years of age) formed approximately 31% of the population and seniors aged 65+ comprised about 17% of the population (SDHU, 2013a).
- 27% of individuals in Greater Sudbury identified French as their mother tongue (SDHU, 2013a).
- 9.5% of residents in the Manitoulin District identified an Aboriginal language as their mother tongue (SDHU, 2013a).
- Poverty affects 13.2% of individuals in the City of Greater Sudbury, 10.3% of individuals in the Sudbury District and 12.2% of individuals in the Manitoulin District (Statistics Canada, 2013).
- Nearly 1 in 5 children under the age of six in Greater Sudbury live in poverty (Statistics Canada, 2013).

Governance and Mandate

The Sudbury & District Health Unit (SDHU) is governed by an autonomous Board of Health, established by provincial public health legislation, the Health Protection and Promotion Act (HPPA, e-Laws Ontario), RSO 1990, and regulations. The Sudbury & District Board of Health is comprised of appointees from various municipalities across the SDHU service area as well as members appointed provincially by the Lieutenant Governor in Council.

The Sudbury & District Board of Health is accountable to the community and to the Ministry of Health and Long-Term Care for services and programs within the SDHU catchment area. The Board of Health ensures that public health programs and services required by the HPPA and mandated in the current Ontario Public Health Standards (2008) and the proposed Ontario Standards for Public Health Programs and Services (OSPHPS) (Ontario Ministry of Health and Long-Term Care [MOHLTC], 2017a) are provided to people who live in the SDHU area and ensures that the Strategic Plan aligns with local needs.

In addition to following the minimum requirements as outlined in the OSPHS and accompanying guidelines, SDHU staff and the Sudbury & District Board of Health also strive to fulfill the requirements and/or recommendations outlined in the existing Ontario Public Health Organizational Standards, the consultation document of the Ontario Accountability Framework and Organizational Requirements, Bill 41: *Patients First Act*, 2016 and the Ministry of Health and Long-Term Care's Report of the Minister's Expert Panel on Public Health: Public Health within an Integrated Health System. The Sudbury & District Board of Health utilizes these documents along with the OSPHPS to guide the work of public health and inform strategic directions.

Strategic Planning Process

Purpose of Strategic Plan

Per the current Ontario Public Health Organizational Standards (2011) and the proposed Accountability Framework and Organizational Requirements (Ontario Ministry of Health and Long-Term Care [MOHLTC], 2017b), each Board of Health shall have a Strategic Plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year. Thus, the 2018–2022 Sudbury & District Health Unit (SDHU) Strategic Plan, was commissioned by the Sudbury & District Board of Health, to identify key directions and priorities that will guide the SDHU’s work.

Informed by community, partners and staff needs and public health drivers, the new SDHU Strategic Plan reflects essential concepts of public health practice and outlines what we plan to do and how we plan to do it over the next 5 years. The new SDHU Strategic Plan builds on past successes and highlights new opportunities to guide the SDHU in accomplishing our vision and mission. The 2018–2022 Strategic Plan will provide direction on the role we all play in creating the conditions that help our communities be healthy.

Background and Assessment of Needs

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 and the latest SDHU Strategic Plan spans five years, from 2013–2017. A historical overview of the SDHU Strategic Plans depicts how plans have evolved over the years and provides context for the future priorities of the SDHU (Appendix A).

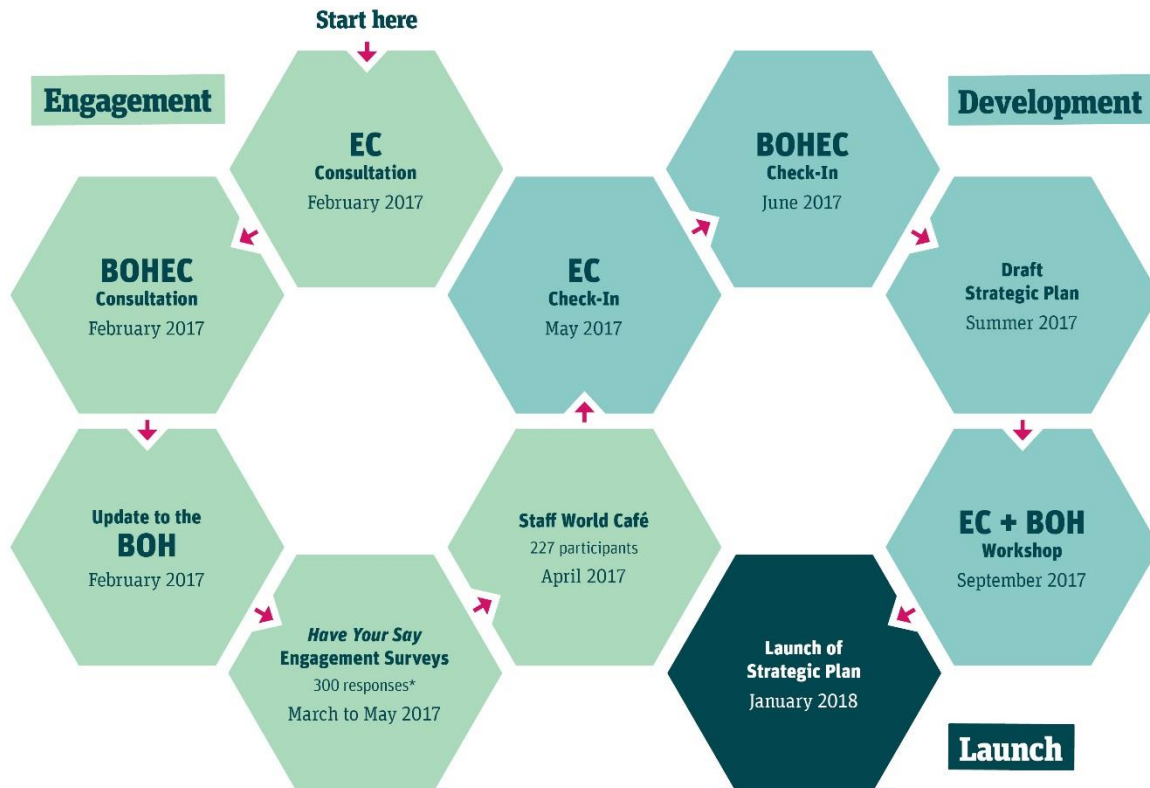
In 2012, various strategies were used to gather feedback on the 2010–2012 Strategic Plan from a representative cross-section of staff from all levels, key external partners, and Board of Health members. Internal documents and accreditation findings were also reviewed. The results of this 2012 Strategic Plan check-in provided guidance for the development of the 2013–2017 Strategic Plan.

Building off the existing 2013–2017 Strategic Plan process, the Sudbury & District Health Unit (SDHU), began the process for the development of the 2018–2022 iteration of the Strategic Plan in the fall of 2016. To inform the process, literature, and local health status data were reviewed prior to Strategic Plan engagement (Appendix B). Additionally, an environmental scan of 45 other health unit/organizational strategic plans was conducted and results were used to guide discussion.

Strategic Plan Engagement

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. Using the information gathered through literature searches and an environmental scan, an engagement plan was developed to guide planning and timelines.

Figure 1. Strategic plan engagement snapshot



As outlined in the plan, the engagement activities for the strategic planning process included:

- a consultation with the Senior Management Executive Committee (EC)
- a consultation with the Board of Health Executive Committee (BOHEC) members
- *Have Your Say* engagement surveys with general public, community partners, Board of Health (BOH) members and SDHU staff
- a World Café style engagement session with SDHU staff and a debrief with session facilitators
- check-ins with the EC and Board of Health Executive Committee

In-person consultations consisted of facilitated discussions with Senior Management and the Board of Health Executive Committee (Appendix C: Discussion Questions for Consultation with Senior Management Executive Committee and Board of Health Executive). A SWOT analysis was conducted with both participants groups to determine strengths, weaknesses, opportunities and threats as they relate to the future directions for the SDHU. Discussions also captured feedback on the 2013-2017 strategic priorities and whether or not they still resonated as well as on the content and look of other health unit strategic plans and potential strategies for engagement with the community. Participants at the consultation sessions provided general direction for the planning process and recommendations for areas of focus on the 2018-2022 plan.

The Strategic Plan engagement surveys, also known as *Have Your Say* surveys, were completed anonymously by members of the general public, community partners, the Sudbury & District Board of Health, and SDHU staff. The surveys aimed to collect information on current and future components of the Strategic Plan and recommended areas of focus. In order to reach as many audiences as possible, surveys were available on iPads in each SDHU office, distributed via email to partners and key stakeholders, promoted through SDHU Facebook and Twitter accounts, publicised on the SDHU website with a pop-up window, and advertised in the email signatures of SDHU staff.

Staff members and Board of Health members were asked to provide more information on how the current Strategic Plan resonated and which values they feel should guide our work (Appendix D: SDHU Staff Strategic Plan Engagement Survey; Appendix E: Board of Health Strategic Plan Engagement Survey). Community partners were asked to discuss their collaboration history with the SDHU and how priorities could align with their work while, members of the general public were asked to identify their top areas of importance for public health (Appendix F: Community Partner Strategic Plan Survey; Appendix G: General Public Strategic Plan Engagement Survey). Demographic information was collected from both partners and general public.

Key Feedback and Findings

Through the Strategic Plan engagement process, nearly 530 responses were obtained within the SDHU catchment area. Of these, 300 responses were to the *Have Your Say* surveys and nearly 230 from staff and Board Member engagement sessions. Specifically, engagement feedback included:

- 93 responses to the general public *Have Your Say* survey
- 100 responses to the community partner *Have Your Say* survey
- 5 responses to the Board of Health *Have Your Say* survey
- 102 responses to the staff *Have Your Say* survey
- 227 participants at SDHU staff World Café session
- Senior Management Executive Committee and Board of Health Executive Committee feedback at check-in sessions

Overall, there were more responses obtained in the 2018-2022 engagement process than in previous strategic planning cycles. Approximately half of the SDHU staff completed the engagement survey as well as over 40% of Board of Health members.

Of the general public respondents that identified their age (n=66), the majority 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%). Further, 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. Community partners were from a variety of sectors including: municipal government agencies, community health centres, provincial government agencies, hospital, post-secondary education, school boards, private businesses, members of office (local, provincial, federal), long-term care, police, social services, not for profit organization, charitable health organizations, grassroots community organizations, home and community care, medical clinics and family health teams.

Responses were collected from across the SDHU catchment area and beyond. The majority of respondents resided in old City of Sudbury limits (Gatchell, West End, Little Britain, Robinson, Lockerby, Downtown, Minnow Lake, Lo-Ellen, McFarlane Lake, and New Sudbury). Additional respondents indicated they were from Espanola, Manitoulin Island, areas surrounding Old City of Sudbury (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), Lively, Garson, North Bay, Elliot Lake, Sturgeon Falls and Toronto.

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. Both groups agreed that the Strategic Plan cycle should be 5 years long, from 2018-2022.

Additionally, it was identified that many 2013-2017 Strategic Plan components still resonate however, they could be combined to be more streamlined. Feedback indicated that high level organization-wide priorities were preferred over program priority focuses. However, certain areas were mentioned as potential focuses for the next Strategic Plan cycle:

- Indigenous engagement;
- Mental health;
- Ongoing health challenges to northern communities;
- Health equity;

- Communication and awareness of public health.

Feedback from *Have Your Say* Surveys and World Café

Like with the feedback from the in-person consultations, themes were identified and analyzed across the different engagement groups (staff, partners, general public and board of health) based on responses to the *Have Your Say* surveys such as, the World Café session with SDHU staff. Top themes were then identified for each group based on frequency (Appendix H: Common Themes from Strategic Plan Engagement Surveys and In-Person Staff Engagement Session). Even when a theme was not identified as the most common among a participant group (staff, board members, community partners or general public), there were often qualifiers that still applied to the top cross-cutting themes.

Overall, health equity and Indigenous engagement were identified as key themes identified across all engagement groups. Health equity and Indigenous engagement align with existing SDHU Strategic Plan priorities and reflect areas that are foundational to public health as identified in the Ontario Standards for Public Health Programs and Services (OSPHPS) (MOHLTC, 2017a, p.15-16). 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 that 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 multiple times by members of the general public and SDHU staff and Board of Health members.

Feedback on Existing Components of the Strategic Plan

Through The *Have Your Say* surveys for SDHU staff and Board of Health members commented on the existing components of the Strategic Plan and how they resonate in day to day work. Overall many staff and Board members felt that the components still apply however they should be updated to reflect new public health requirements, local needs, and feedback provided by members of the community.

Feedback on the SDHU Strategic Priorities

Many staff and Board members noted that the current SDHU priorities in the 2013-2017 Strategic Plan are important areas for SDHU to continue working towards. Board Members felt that the priorities: “*support community actions promoting health equity*” and “*champion and lead opportunities for equitable health*” continued to resonate the most while staff indicated that “*champion and lead equitable opportunities for health*” and “*strengthen evidence-informed public health practice*” were the two priorities that continued to resonate most. No priority resonated with less than 65% of SDHU staff or with less than 40% of Board of Health members. Written feedback suggested that the 2018-2022 Strategic Plan consider merging the two priorities related to health

equity and merging evidence-informed public health practice with organizational excellence concepts. Staff and board members also noted that raising awareness of the role of public health, a health equity lens, relationship building with all partners and, development of internal/staff capacity were also important to consider in strategic priorities moving forward.

Feedback on the SDHU Mission

Overall, staff and board members felt that the current mission statement in the 2013-2017 Strategic Plan still resonates. A total of 75% of staff members and 75% of Board of Health members who completed the survey indicated the mission statement should remain the same.

Feedback on the SDHU Vision

Much like the mission statement, staff and board members felt that the current vision statement from the 2013-2017 Strategic Plan still resonates with the work of the SDHU. All board of health members and 75% of staff members who completed the *Have Your Say* survey noted that the SHDU’s vision should be kept the same.

Feedback on the SDHU Values

In the *Have Your Say* surveys, Board of Health members and staff members were asked to select the top 3 values that they use to guide their work based on a list of 18 values, including existing SDHU values. They also had the option of suggesting additional values for consideration. Table 1 highlights the top 7 recommendations from the Board of Health members and from the SDHU staff members.

Table 1. 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 qualitative feedback as well as the engagement sessions with staff, it was emphasized that trust is also perceived as one of the

most important values as well as accountability, communication and the inclusion of staff in the decision making process.

Overall, many staff expressed that they would like the values to be easier to remember and suggested having fewer values or using a mnemonic for easy recall in the next iteration of the Strategic Plan.

General feedback and recommendations

In addition to the feedback provided on the specific components of the existing Strategic Plan, many participants from the engagement process also noted some general recommendations for the 2018-2022 Strategic Plan. Based on engagement surveys and dialogue with participants, the following suggestions were made to inform the next iteration of the Strategic Plan:

- language of the Strategic Plan should be more clear and consistent with other driving public health documents;
- priorities should be short and easy to remember;
- the Strategic Plan should incorporate language around northern health and sustainability;
- the overall number of components in the plan should be reduced;
- guiding principles and strengths could be removed or combined within strategic priorities and values; and
- the four principles of Need, Impact, Capacity, and Partnership, Collaboration and Engagement should be used to inform the strategic priorities.

Summary of Feedback and Alignment with Literature

Overall much of the feedback received through survey responses and in-person engagement sessions aligns with peer reviewed literature, planning documents from other public health units, local health status data and gaps identified by communities. Recommendations from the various engagement activities and the literature informed the development and revision of the 2018-2022 Strategic Plan components.

Proposed Strategic Plan 2018-2022: Part 1

Findings from the Strategic Plan engagement activities as well as literature were used to inform the components of the SDHU 2018-2022 Strategic Plan including: the mission, vision, values, strategic priorities and defining elements. Many components of the 2013-2017 SDHU Strategic Plan still resonate however, additional items have been streamlined or revised to provide more clarity and to adhere to new guiding documents.

Vision & Mission

Upon review of the engagement activity findings, and follow-up consultations with the Senior Management Executive Committee and the Board of Health Executive, it was decided to **keep the same vision and mission statements as the 2013-2017 Strategic Plan**. Many staff and board members felt that the current vision and mission were still meaningful to the work done by the SDHU and continued to align with guiding documents such as the Ontario Standards for Public Health Programs and Services (MOHLTC, 2017a), Bill 41 Ontario's *Patients First Act* (2016) and the Ontario Accountability Framework and Organizational Requirements (MOHLTC, 2017b). Therefore the proposed vision and mission for the SDHU's 2018-2022 Strategic Plan are:

Vision

Healthier communities for all.

Mission

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

Values

A value is defined as a principle or standard of behaviour; one's judgement of what is important in life (Oxford Living Dictionaries, 2017). Values develop over time as part of an individual's or group's social and psychological development and they help to shape attitudes, beliefs and behaviours (Moore & Asay, 2013).

The 2013-2017 SDHU Strategic Plan had seven values including: accountability, caring leadership, collaboration, effective communication, excellence and innovation. Based on feedback from the 2018-2022 engagement surveys and in-person consultations, some values continued to resonate with SDHU staff and board members however many individuals felt that the values for the 2018-2022 Strategic Plan should be updated to reflect additional principles that guide the SDHU's work. It was also recommended that a mnemonic device be used to help staff and board members remember the values so that they can be showcased in everyday situations.

Given this information, the **proposed values for the 2018-2022 Strategic Plan spell out HEALTHIER** to assist with recall and to link back to our vision of healthier communities for all. The proposed values for the 2018-2022 Strategic Plan include:

Humility
Equity
Accountability
Leadership
Trust
Honesty
Innovation
Excellence
Respect

Each of these values was selected based on key principles that guide day-to-day work and showcase the thoughts and actions of the SDHU. Values in this list were shaped by personal values of engagement activity participants as well as by institutional standards including: community engagement, meaningful relationships, truth and reconciliation, and effective communication.

Although the proposed 2018-2022 values will be applied to the SDHU's external work, they will also be used internally to guide how we perform and engage with one another and our communities. The following value statements will help guide staff in the interpretation of the values in their everyday work and will enhance our commitment and promise to the public.

Humility

We understand personal biases and develop and maintain respectful relationships based on mutual trust. We are committed to working with Indigenous peoples and communities.

Equity

We welcome diversity and are committed to equitable, fair, and just opportunities for all.

Accountability

We are accountable to the community, to partners, and to one another. We accept responsibility for our actions and report back and share relevant information in a timely manner.

Leadership

We provide guidance and direction to our communities to lead to healthier communities for all. We motivate others to complete their goals and provide formal and informal opportunities for leadership development.

Trust

We are trustworthy and dependable, and show integrity in our actions. We encourage transparency and respect in decision-making, collaboration, and program and service delivery. We honour our commitments.

Honesty

We are honourable in principle, intention, and action. We work truthfully and fairly.

Innovation

We promote creative thinking and invest in innovative relationships and programs. We continually evolve our thinking and are open to change.

Excellence

We are dedicated to delivering a high standard of service to address community needs. We are committed to providing services that are accessible and timely for clients, community partners, and the general public.

Respect

We treat all individuals with mutual respect and sensitivity. We show regard and consideration for our team members, partners, and communities and value all contributions.

Priorities & Defining Elements

Findings from engagement plan activities reflected the need to refresh the strategic priorities for the 2018-2022 Strategic Plan. Feedback from the *Have Your Say* surveys and in-person consultations suggested that former priorities could be merged and that more clear language was needed to enhance understanding of the SDHU's direction.

Given this information, themes that were identified through the analysis of engagement activity responses were grouped within key categories including: health equity, relationships/partnerships, excellence and innovation, and internal organizational factors. The prominent themes from the engagement feedback as well as the overarching categories resonated with the Senior Management Executive Committee and the Board of Health Executive thus, it was recommended to use these concepts as well as the suggestions from the engagement data to inform the 2018-2022 Strategic priorities and their defining elements.

As a result, there are **four proposed strategic priorities for the 2018-2022 Strategic Plan**.

Priorities one through three will guide the SDHU's work with community members and partners while the fourth priority is more internally focused and will ensure efficiencies and capacity in achieving external priorities. The four priorities include:

1. Equitable opportunities for all for health
2. Meaningful relationships

3. Excellence & Innovation
4. Organizational Commitment

Equitable opportunities for all for health

Rationale

The Equitable opportunities for all for health is a combination of former priorities one and four from the SDHU 2013-2017 Strategic Plan: “*Champion and lead equitable opportunities for health*” and “*support community actions that promote health equity*”. Engagement activity feedback noted that health equity and the social determinants of health remained a priority area for staff, board members, partners and the general public alike however, it was noted that previous priorities could be streamlined into one overarching concept with a health equity lens. It was recommended that this priority include existing health equity elements, as well as new components, such as mental health, which was identified as the top issue for public health by community partners and the general public.

Key themes and areas for consideration that correspond with this priority area stemmed from the engagement process and include:

- Equitable access to public health services
- Health equity (Social determinants of health)
- Reorienting the health care system
- Advocacy
- Population health approach
- Rural and northern health
- Universal and targeted programs
- Mental health promotion, prevention and early intervention
- Resiliency

Literature shows that physical and mental health are influenced by a multitude of factors and these factors contribute to the health of the individual and of the population (MOHLTC, 2017a; World Health Organization, 2004). Health equity means that all people can reach their full health potential and are not at a disadvantage because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance (MOHLTC, 2017a, p.15; SDHU, 2013b). Health equity is achieved by addressing the social determinants of health and mental health, especially for those who experience disadvantage and discrimination (MOHLTC, 2017a).

Public health must continue to champion health equity within an integrated health system (MOHLTC, 2017c) and, as outlined in best practices and the Health Equity Foundational Standard in the Ontario Standards for Public Health Programs and Services consultation document (MOHLTC, 2017a), work to address inequities to ensure equitable opportunities for all for health.

Defining Elements

In order to decrease health inequities and strive for equitable opportunities for all for health, the SDHU will:

- Assess the impact of social determinants of health on population health outcomes
- Tailor programs and services to reflect community voices and needs
- Engage priority populations, including those with lived experience, to modify and orient public health interventions
- Include Indigenous voices in program planning
- Utilize proportionate universalism to ensure equal opportunities for health throughout the life course
- Facilitate multi-sectoral collaboration (including with Indigenous organizations)
- Advocate for policies that reduce health inequities
- Support all communities to reach their full health potential
- Reduce social and economic barriers to health
- Address broad range of factors that impact health
- Embed mental health promotion and mental illness prevention strategies across programs and services
- Foster resiliency through mental health promotion
- Support awareness, education, advocacy and policy development
- Seek community input on issues that impact health equity
- Champion health equity within an integrated health system

Meaningful relationships

Rationale

Meaningful relationships are essential to public health work and health system efficiency (MOHLTC, 2017a, p.10; MOTHLC, 2017c; SDHU, 2016a). As stated in the Ontario Standards for Public Health Programs and Services (MOHLTC, 2017a), boards of health and public health units are accountable for meeting and implementing the foundational principle of Partnerships, Collaboration and Engagement including engaging in and establishing meaningful relationships. As per the organizational requirements in the Ontario Ministry of Health and Long-Term Care's Accountability Framework and Organizational Requirements Consultation Document (2017b), public health units are also required to develop and report on: a Stakeholder Engagement Plan, multi-sectoral collaboration, and relationship building with Indigenous communities. The Report of the Minister's Expert Panel (2017c) further highlights the importance of nurturing relationships with local communities and organizations and building stronger relationships with other parts of the health system to strengthen the public health sector.

Feedback from the Strategic Plan engagement activities emphasizes this need to build meaningful relationships. Engagement and collaboration were identified as key factors for public health work by staff, board members, community partners and the general public. Additional areas for consideration that corresponded with this priority include:

- Stakeholder and Community Engagement
- Indigenous engagement
- Build capacity with partners

- Non-traditional partnerships
- Trust.

The SDHU has always been an organization that is involved in local, provincial and national collaborations to better serve the needs of our communities. Community engagement is also one of the SDHU's 10 Promising Practices to reduce social inequities in health (SDHU, 2012) that supports our broader health equity vision of reducing social and health inequities and is regularly incorporated into our work. As a result, establishing and engaging in meaningful relationships is essential to support the assessment, development, delivery, management, and evaluation of policies, programs, and services (MOHLTC, 2017a; SDHU, 2016a).

Defining elements

Establishing meaningful relationships that lead to successful partnerships, collaborations and engagement, will require the SDHU to:

- Build new and strengthen existing relationships
- Nurture strong relationships with municipal governments and local organizations
- Facilitate diverse community engagement
- Engage community partners and the public in the planning, development and implementation of public health initiatives
- Engage with Indigenous populations in a way that is meaningful for them
- Incorporate engagement principles into program planning and evidence-informed decision making
- Collaborate with a diverse range of sectors
- Strengthen relationships with other parts of the health system
- Invest in relationships and partnerships
- Monitor effectiveness at working in partnership

Excellence & Innovation

Rationale

The SDHU has a longstanding history of promoting ongoing excellence and innovation in program and service development and delivery. Striving to provide a high standard of service through client experiences, evidence-informed public health practice and sustainable programming allows the SDHU to address population needs and contribute to the performance, accountability and sustainability of the public health sector (MOHLTC, 2017a, p.6; Office of the Chief Medical Officer of Health, 2017). The SDHU is also a leader among population health agencies and continuously endeavors to find creative ways to implement best practices and improve client service standards.

Keeping the mandate in mind, a priority focusing on excellence and innovation will allow the SDHU to review emerging trends, develop new approaches and adapt to changes, and better support opportunities for health in our communities.

Feedback from the engagement activities further supports the need to strive for excellence and innovation. Related concepts and considerations that were identified in the engagement data included:

- Sustainability
- Flexibility and adaptability
- Strong and valued corporate image
- Innovative ideas
- Population level data & surveillance
- Using local data to map community wellness
- Transparency
- Evidence-informed public health practice

Transformation is happening within the public health sector and the broader health system (MOHLTC, 2017a, p.6; MOHLTC, 2017c). In order to demonstrate the contribution of public health and improve community health, the SDHU will need to continue to leverage strengths, strive for excellence and show creativity in the era of ongoing change and fiscal constraints.

Defining elements

To strive for excellence and innovation in public health practice, the SDHU will:

- Use local data to target programs and services to neighborhoods and populations with the greatest needs
- Invest in programs and services that improve wellness and reduce health costs
- Implement effective public health practice processes to collect, use and generate quality evidence
- Apply relevant and timely surveillance, evaluation and research results
- Revitalize existing initiatives to meet current community needs
- Implement a variety of innovative health communication approaches
- Identify system-wide priorities to shape policy development
- Create programs and services that can be adapted to reflect change
- Partner with other organizations to undertake new research
- Work with other parts of the health system to deliver population level interventions

Organizational Commitment

Rationale

According to the Accountability Framework and Organizational Requirements and the Ontario Standards for Public Health Programs and Services (MOHLTC, 2017b, p.18; MOHLTC, 2017a, p.19-20), Boards of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. Commitment to these processes will support organizational change and growth and ensure organizational effectiveness.

In order to achieve these requirements, all SDHU staff have a role to play. Having an internally focused priority will allow for the SDHU to build upon previous success, cultivate a highly skilled

public health workforce and enable the agency and sector to better adapt to the health system transformation (MOHLTC, 2017c). The SDHU can continue to: work towards improvements in organizational culture, identify and assess risk, strive for continuous quality improvements, expand knowledge and effectiveness through a workforce development framework, support psychological health and wellness initiatives, recognize and address mental and physical health (Public Health England, 2015), and enhance internal and external communication strategies.

Suggestions for strengthening internal processes were underscored throughout the feedback provided by staff and board members who participated in the *Have Your Say* survey and the in-person consultations. Key themes and considerations that could help to foster organizational commitment included:

- Communication
- Trust
- Transparency
- Organizational Culture
- Change management
- Capacity (time & resources)
- Corporate Image

Focusing on internal development and effectiveness will not only affect change and performance internally but, will ensure the SDHU is providing optimal services to local communities while demonstrating the contribution and value of public health and promoting ongoing commitment to public health work (MOHLTC, 2017a; MOHLTC, 2017c).

Defining elements

To foster organizational commitment and ensure efficiencies, continued staff engagement and capacity building will ensure a strong foundation internally to achieve external priorities. Elements to meet this ongoing internal commitment include:

- Cultivate a skilled, diverse and responsive workforce
- Build capacity to support staff and management core competencies
- Promote staff engagement and internal collaboration
- Ensure a culture of continuous quality improvement
- Promote an ongoing learning organization
- Increase awareness of the role of the SDHU and our programs and services (e.g. Corporate Image, Visual Identity, Communication Strategy)
- Strengthen organizational culture and resiliency
- Foster work environments that support and sustain mental health and well-being
- Develop mental health capacity and capabilities within the workforce
- Identify, assess and address risk using a risk management framework
- Ensure efficient investment of resources
- Show accountability and transparency to public health programs and services

Proposed Strategic Plan 2018-2022: Part 2

On September 28, 2017, members of the Sudbury & District Board of Health (BOH) and the Senior Management Executive Committee (EC) participated in a workshop as part of the strategic planning engagement process. Workshop participants were presented an overview of the planning process, engagement findings, and proposed strategic plan components as outlined in *Proposed Strategic Plan 2018-2022: Part 1*.

Following the presentation, participants were asked to provide feedback on the proposed strategic plan components, in small breakout groups. Facilitators gathered input on the proposed strategic plan components as well as suggestions for the socialization and dissemination of the strategic plan. Key feedback from the workshop is outlined in Table 1.

Table 1. BOH and EC Workshop Feedback on Proposed Strategic Plan

Components	Workshop Feedback
Vision and Mission	<ul style="list-style-type: none"> • Mission and vision continue to resonate • Overall we are making the previous version of the strategic plan stronger
Values	<ul style="list-style-type: none"> • Some of the values did not resonate • Felt that values were forced to fit the mnemonic • There were too many values • Recommended that we select 3-5 values to guide our work • Liked the idea of value statements to help individuals understand how to apply the values in their work • Some value statement definitions overlapped or did not resonate with interpretation of the word • Some values were reiterated from the priorities • Recommended that if the wording is included in a strategic priority that it doesn't need to be repeated in the value section • Discussion about using the word "Principles" instead of "Values" to reflect the principles that guide our work
Priorities	<ul style="list-style-type: none"> • Liked that the proposed priorities build on the previous strategic plan • Liked that proposed priorities are short and easy to remember • Verbs are important to indicate action but it was recommended that these can be included in defining elements or implementation plans. • Some wording choices for the priority names were discussed <ul style="list-style-type: none"> ○ Found the language in priority one "Equitable opportunities for all for health" too wordy. There was a recommendation to drop "for

	<p>health” because it should be implied with our work in public health. There was also a recommendation to drop “for all” because this is implied by being equitable and is already stated in the vision.</p> <ul style="list-style-type: none"> ○ There was some uncertainty about the use of the word “meaningful” in priority two and clarity was requested. ○ A few participants proposed using “organizational capacity” for priority four instead of “commitment” to help clarify that it is about our internal ability to do the work. <ul style="list-style-type: none"> ● It was recommended that elements within priorities 3 and 4 be revised to more clearly define the difference between the external and internal focus. ● Some participants recommended that we incorporate resilience and innovation in the defining elements. ● Some participants found that the concepts within the defining elements (bulleted lists) are captured in the priority titles and that bulleted lists could be shortened, included in an implementation plan, or shared internally only for staff use.
<p>Socialization and Dissemination</p>	<ul style="list-style-type: none"> ● Many suggestions were provided for how we can promote the strategic plan in the community and among staff. ● It was recommended that BOH members get involved in the promotion of the strategic plan. ● Participants agreed that we need to find a balance between too much promotion and not enough.

Findings from the BOH and EC workshop were combined with findings from the Strategic Plan engagement activities to inform the revision of the proposed components of the SDHU 2018-2022 Strategic Plan. Value statements and strategic priorities were revised for clarity, while the list of values and the strategic priority defining elements were streamlined.

Vision & Mission

As reflected in *Proposed Strategic Plan 2018-2022 Part 1* the 2018-2022 Strategic Plan will **keep the same vision and mission statements as the 2013-2017 Strategic Plan** to build on current work. Therefore the proposed vision and mission for the SDHU’s 2018-2022 Strategic Plan are:

Vision

Healthier communities for all.

Mission

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

Values

The initial set of proposed values for the 2018-2022 Strategic Plan included nine values (humility, equity, accountability, leadership, trust, honesty, innovation, excellence, and respect) that spelled out HEALTHIER to assist with recall and to link back to our vision of healthier communities for all. Feedback from the workshop with Board of Health and Senior Management Executive Committee members, reflected feedback from earlier engagement activities, and revealed that nine values was too many even with a mnemonic device.

It was recommended that the list of values be refined to three to five values, and that no mnemonic be used with a shorter list. As a result, the revised proposed values for the 2018-2022 Strategic Plan include:

Humility
Respect
Trust

Each of these values was selected based on key principles that guide day-to-day work and showcase the thoughts and actions of the agency. Values were removed from the initial list if they occurred within the proposed strategic priorities or, if the concept was synonymous with another. Specifically, ‘equity’ is reflected in proposed priority one; ‘leadership’, ‘excellence’, and ‘innovation’, are reflected in proposed priority three; and ‘honesty’ and ‘accountability’ were grouped with ‘trust’ as suggested by engagement activity participants.

Findings from the consultation workshop with BOH and Senior Management members also indicated that while the idea of value statements is helpful, some of the definitions did not resonate with their interpretation of the value word. Given this feedback, value statements were revised. The new proposed value statements have combined components of synonymous values, and the statement for humility has been broadened to reflect more than just cultural humility.

The following value statements are proposed for the 2018-2022 Strategic Plan to help guide staff in the interpretation of the values and to enhance our commitment and promise to the public.

Humility

We are modest and self-reflective. We respond to the needs of others, are open to feedback, and seek to understand biases in order to develop and maintain genuine relationships.

Trust

We are honest and dependable, and show integrity in our actions. We encourage transparency and accountability in decision-making, collaboration, and service delivery. We work truthfully and honour our commitments.

Respect

We treat all individuals with mutual respect and sensitivity. We show regard and consideration for our team members, partners, and communities and value all contributions.

Moreover, since a value is defined as a principle or standard of behaviour (Oxford Living Dictionaries, 2017), it was decided to continue to use the term values as opposed to principles. This will also ensure consistency with previous strategic plans and with the language used in engagement activities.

Priorities & Defining Elements

Findings from the Board of Health (BOH) and Senior Management Executive Committee (EC) workshop paralleled earlier findings from engagement activities such as the Have Your Say Survey and consultation sessions. BOH and EC workshop participants liked that the proposed priorities build on previous strategic plan components, that priorities were more concise, and that priorities were easier to remember. They did however note that some language could be further refined, that defining elements could be streamlined, and that more clarity was required to distinguish the difference between the external focus of priority three and the internal focus of priority four.

Workshop participants also noted that proposed priorities had no action words. Many participants felt that this helped to keep the priorities concise and that verbs could be utilized in the defining elements of each priority and in implementation plans.

As a result, the **revisions to the four proposed strategic priorities for the 2018-2022 Strategic Plan** are as follows:

- 1. Equitable Opportunities**
- 2. Meaningful Relationships**
- 3. Practice Excellence**
- 4. Organizational Commitment**

Equitable Opportunities

Rationale for revision

Like previous engagement activity feedback, findings from the BOH/EC workshop emphasized the importance of keeping health equity and the social determinants of health as a priority area for the 2018-2022 Strategic Plan. Participants. The initial proposed priority, “*Equitable opportunities for all for health*”, was however found to be too wordy and somewhat redundant.

It was recommended that “for all” and “for health” be dropped from the priority name. “For all” is implied with the word “equitable” because in order to achieve health equity, we must address all individuals. The words “for all” are also already stated in the vision statement. It was recommended to remove the words “for health” because this should be implied with our work as a public health organization.

The recommended changes maintain the emphasis on the components of health equity and help to make the strategic priority more concise and easier to remember as suggested in early engagement activity feedback.

Changes were also proposed to the defining elements within the strategic priority of equitable opportunities. Participants agreed that the proposed list of elements resonated with the concept of equitable opportunities but was too long. In addition to shortening the list of defining elements, there were suggestions to incorporate language around mental health, and supporting the health system with their integration of health equity, in order to create equitable opportunities.

Defining Elements - revised

To decrease health inequities and strive for equitable opportunities for health, we will:

- Address a broad range of social and economic factors that impact health, including mental health
- Support awareness, education, advocacy, and policy development to reduce health inequities
- Tailor programs and services to reflect community voices and needs
- Champion actions to decrease health inequities within an integrated health system
- Support all communities, including Indigenous communities, to reach their full health potential

Meaningful Relationships

Rationale for revision

Workshop findings continued to emphasize the need to build and strengthen relationships as part of our ongoing collaboration and engagement efforts. While the name of proposed priority number two has not changed, there was some discussion around the definition of the word meaningful.

The word meaningful was selected to ensure consistency with the language in the Ontario Standards for Public Health Programs and Services (MOHLTC, 2017a) which notes that boards of health and public health units are accountable for meeting and implementing the foundational principle of Partnerships, Collaboration and Engagement including engaging in and establishing meaningful relationships.

Participants noted that this priority should emphasize the importance of collaboration and providing support to others including, community members with lived experience, stakeholders, and the health system as a whole. It was also recommended to incorporate the concept of resiliency to emphasize how public health can help to build capacity and support others while building relationships. The proposed defining elements that accompany this priority have thus been revised.

Defining elements - revised

To establish meaningful relationships that lead to successful partnerships, collaborations and engagement, we will:

- Nurture strong relationships with local communities, organizations, municipalities, and other parts of the health system
- Facilitate diverse community engagement, including engagement with people with lived experience, for the planning, development, and implementation of public health initiatives
- Engage with Indigenous populations in a way that is meaningful for them
- Help build capacity among partners to promote resilience and mental wellness in our communities
- Collaborate with a diverse range of sectors

Practice Excellence

Rationale for revision

The SDHU has a longstanding history of promoting ongoing excellence and innovation in program and service development and delivery. Therefore, the initial proposed priority of “Excellence and Innovation” resonated with workshop participants as it continued to build on previous strategic plan priorities and aligned with earlier engagement activity feedback. There was however some confusion about how this proposed priority differed from proposed priority four “Organizational Commitment”.

In order to distinguish the difference between this priority and the next, the defining elements were revised to put a stronger emphasis about how we strive for excellence in our practice to best meet the needs of our clients and communities. Concepts such as evidence-informed practice, population health, and innovation, were also incorporated as recommended to distinguish what is being done for the public rather than what is being done internally to help the agency succeed.

The title of the proposed priority was also revised to “Practice Excellence” to emphasize how this priority is about excelling in our public health practice when we provide services to others. The revised title also avoids duplication in concepts, now that innovation is within the defining elements, and the language format matches that of the other three priorities.

Defining elements - revised

To strive for ongoing excellence in public health practice including, program and service development and delivery, we will:

- Use local data to adapt programs and services to neighborhoods and populations with the greatest needs
- Ensure effective public health practice to collect, use, and generate quality evidence
- Apply relevant and timely surveillance, evaluation, and research results

- Implement innovative approaches for programs and services that can be adapted to reflect change and community needs
- Work with communities and other parts of the health system to deliver population level interventions

Organizational Commitment

Rationale for revision

Proposed priority four focuses on internal development and effectiveness. This will ensure that the agency is providing optimal services to local communities and demonstrating the contribution and value of public health.

Workshop participants supported the need for an internally focused priority based on the themes of communication, trust, change, and capacity, that were emphasize throughout engagement findings. However, as noted, more clarity was needed to differentiate this proposed priority from the initial third proposed priority of “Excellence and Innovation”.

Similar to the revision process for priority three, there were discussions around the proposed name for this priority in order to emphasize the agency’s internal ability to do the work and promote public health. “Capacity” was proposed as an alternate to “commitment” however, it was felt that the word “capacity” did not reflect everything done to set ourselves up as a public health agency. This strategic priority would like to emphasize components other than just the capacity of the workforce.

As a result, the word “commitment” was left as proposed and instead, the defining elements were revised and streamlined to help clarify the commitment of the organization to do our work well.

Defining elements - revised

To foster organization-wide commitment and ensure that we are well positioned to support the work of public health, we will:

- Cultivate a skilled, diverse, and responsive workforce
- Ensure a culture of continuous quality improvement and ongoing learning
- Increase awareness of the role of public health and our programs and services
- Strengthen organizational culture, engagement, and resiliency
- Foster a work environment that supports and sustains mental health and well-being
- Demonstrate accountability and transparency to our clients, communities and stakeholders

Implementation and Next Steps

The new proposed 2018-2022 SDHU Strategic Plan is positioned to provide guidance and direction to inform future programs, services, and initiatives provided and implemented by the SDHU. The mission, vision, values, and priorities will remain the same throughout the five year duration of the plan to ensure a consistent focus. Defining elements and activities used to socialize, disseminate, and implement the Strategic Plan may be adapted throughout the cycle based on available evidence and requirements. In order to guide the communication, implementation, and monitoring of the 2018-2022 Strategic Plan, accompanying plans will be established prior to the formal Strategic Plan launch.

The Accountability Framework and Organizational Requirements and the Annual Service Plan from the Ministry of Health and Long-Term Care will inform the roll out of the next steps and will provide guidance on reporting and monitoring expectations. Additional planning regarding implementation, monitoring, and reporting as they relate to the Strategic Plan will be completed upon receipt of final documents and requirements. A socialization and dissemination plan, and a performance monitoring plan, will assist the organization in staying the course to address the agency's strategic priorities.

Socialization and Dissemination

The proposed 2018-2022 Strategic Plan will be presented to the Sudbury & District Board of Health for final approval at its January 2018 meeting. Following approvals, the strategic plan will be promoted to raise awareness about the new plan, ensure adoption of the components by SDHU staff and Board of Health members, and encourage ongoing interest and sustainability.

A socialization and dissemination plan for the 2018-2022 Strategic Plan was drafted in the fall of 2017. The plan will be used to guide the external distribution and communication of the Strategic Plan and will inform internal integration of the Strategic Plan into day to day work. Members of the Strategic Plan Committee, the Senior Management Executive Committee (EC), and the Sudbury & District Board of Health will continue to provide guidance and champion Strategic Plan initiatives throughout the duration of the Strategic Plan to sustain communication and promote the role of public health.

Strategic Plan Launch

Once all components of the Strategic Plan have been approved by the Sudbury & District Board of Health, and dissemination plans are in place, the 2018-2022 Strategic Plan will be ready to launch in January 2018. Planning and coordination of the Strategic Plan launch event will be led by the Director of Research, Resources, Evaluation and Development and by the Quality and Monitoring Specialist. Ongoing support will be provided by the Strategic Plan Committee and the Senior Management Executive Committee.

The Strategic Plan will be launched following the Sudbury & District Board of Health meeting in January 2018 and will then be shared with key stakeholders and community members. Promotional activities will be coordinated for the launch event to emphasize public health's role and commitment to our communities. The Strategic Plan will also be made available on SDHU social media sites as well as the website.

Performance Monitoring

The Sudbury & District Health Unit's (SDHU) Performance Monitoring Plan is a monitoring framework that demonstrates the Health Unit's performance relating to provincially mandated indicators, SDHU Strategic Plan Priorities, and SDHU-specific indicators. A Performance Monitoring Plan for 2018-2022, to align with the revised Strategic Plan, will need to be developed. The new 2018-2022 Performance Monitoring Plan will building off the 2013-2017 Performance Monitoring Plan and will also be aligned with the Ministry of Health and Long-Term Care's Accountability Framework and other Ministry requirements. The new Performance Monitoring Plan will also include a revised Strategy Map, which will reflect the 2018-2022 Strategic Plan. Additional methods for reporting on the strategic plan priorities will be determined to showcase how we are displaying our priorities and values in day-to-day work.

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Appendix A: History of the SDHU Strategic Plan



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
- Reflection
- Innovation
- Effective Communication
- Confidence
- Caring leadership
- Passion
- 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
- Diversity
- Effective Communication
- Excellence
- Collaboration
- Innovation
- Caring Leadership

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 B: Literature Search and Health Status Demographics

<i>Themes</i>	<i>Literature</i>	<i>Health Status Report Demographics</i>
<i>Access to Public Health services/ programs*</i>	<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, 2013a) • 73% responded they were “very/somewhat familiar” with the programs offered by SDHU • 58% reported using the services offered by SDHU (SDHU, n.g.)
<i>Health equity</i>	<ul style="list-style-type: none"> • hospitalization rates increased for the lowest-income • hospitalization rates decrease for highest-income [CHI, 2015) • unemployment rates for 15 years and older was 7.1% (PHAC, 2016) • highest income brackets lived 5 years younger (PHAC, 2011) • low SES resulted in higher rates of illness and injury (PHAC, 2011) • Indigenous populations are 3 times more likely to develop Type 2 diabetes (PHAC, 2011) 	<ul style="list-style-type: none"> • 36.3% believed income was “extremely or very important” in health definition • 53.8% perceived education as “extremely or very important” • 78% perceived employment as “extremely or very important” • 89.6% perceived housing as “extremely or very important” • 87.3% perceived social support as being “extremely

	<ul style="list-style-type: none"> • Women have a lower SES compared to non-indigenous Canadians (Richmond & Cook, n.g.) • Health care costs are higher for low income populations (CHI, 2013) • The need for more programs/policies to focus on the social determinants of health (SDoH) (Williams et al., 2008) 	<p>or very important” (SDHU, 2016b)</p> <ul style="list-style-type: none"> • Emergency visits for mental health episodes was 4.4 times higher in deprived areas in the SDHU area (SDHU, 2013a) • Infant mortality rate is 2.4 times more higher in deprived areas (SDHU, 2016b) • 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
<p><i>Mental Health</i></p>	<ul style="list-style-type: none"> • Lack of available information on mental health services (CMHA, 2009) • Services are less accessible in rural areas (CMHA, 2009) • 600,000 Canadian’s had unmet mental health needs (Statistics Canada, 2013). • 3.5 million Canadians used services for mood and anxiety disorders (PHAC, 2016) • Middle aged females were more likely to use services for mood and anxiety disorders • Counselling needs were less likely met (Statistics Canada, 2013) • Higher rates in female youth (Guruge & Butt, 2015) • Limited programs for children and youth (Levy, 2014) 	<ul style="list-style-type: none"> • 71% of individuals aged 12 years and older rated their mental health as “excellent” or “very good” (SDHU, 2016b) • 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 from Statistics Canada 2015)

	<ul style="list-style-type: none"> • Lack of support for suicide prevention (Levy, 2014) • Transportation is a significant barrier to accessing services (CMHA, 2009) • The geographic location of mental health services for children in indigenous communities can be an obstacle (Loppie & Wien, 2009) 	
<i>Communication</i>	<ul style="list-style-type: none"> • Proper tools (i.e. strategies and resources) are needed for effective communications with indigenous families (Loppie & Wien, 2009) • Public health must be more creative with how they connect with target audiences to ensure effective programs/services (Public Health Ontario, 2013) • Social media has been shown to provide effective communication (Newbold, 2015) • Social media can be used to deliver important information such as beach closings, weather advisories and promote current events (Newbold, 2015) • The application of health communication principles in public health may often face barriers (Rimal & Lapinski, 2009) • Use forms of communication applicable to the community, and linguistically appropriate (Champlain LHIN, 2013) 	<ul style="list-style-type: none"> • 40% responded they would prefer receiving information from the health unit by mail or directly sent to their home address (SDHU, 2017) • Awareness of immunizations for parents and guardians has increased significantly in the SDHU region (SDHU, 2016b) • 68.8% of adults in the SDHU catchment area report using social media (Facebook, YouTube, Twitter, blogs etc.) (SDHU, 2014 RRFSS data)
<i>Engagement/ collaboration</i>	<ul style="list-style-type: none"> • Collaboration helps reduce the burden disease in Canada (PHAC, 2014) • Collaboration and partnerships are key in preventing injury/illness and keeping the public healthy (PHAC, 2014) • Collaborative models of health must continue to be strengthened by Health Canada to better support indigenous populations through holistic measures (Health Canada, 2014) • Engagement in community initiatives may result in self-confidence and self-esteem for participants (Attree et al. 2011) 	Not available

	<ul style="list-style-type: none"> • Community engagement promotes community capacity, fosters trust and builds resiliency (SDHU, 2016) 	
<i>Transparency</i>	<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)
<i>Indigenous engagement</i>	<ul style="list-style-type: none"> • Engagement between child/youth mental health agencies and indigenous families is crucial for positive outcomes • Indigenous family engagement has been found to produce a positive impact • 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) • Community based initiatives, cultural pride and traditional approaches to health have resulted in improvements in mental, physical and spiritual in indigenous communities (Hunt, 2015) • Communication with indigenous populations must be culturally-safe and relationship centered (Hunt, 2015) 	<ul style="list-style-type: none"> • 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 in Statistics Canada, 2015). • There are 13 First Nations within the SDHU area • Indigenous seniors on reservations are not receiving long-term care support (Richmond & Cook, n.g.) • SDHU has engaged with Algoma Public Health and seven communities within the Maamwesying North shore Community Health Services (SDHU, 2015)
<i>Internal communication</i>	<ul style="list-style-type: none"> • Public engagement requires collaboration and coordination between departments and the agency (internal communication) (Health Canada and the Public Health Agency of Canada, 2016) 	<ul style="list-style-type: none"> • N/A

	<ul style="list-style-type: none"> • Effective communication is often determined by the use of an organizational network 	
<i>Corporate image</i>	<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 (Bernier, 2005) • 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)
<i>Innovative ideas</i>	<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, 2013a) • Having access to a medical doctor decreases with greater deprivation (SDHU, 2016b) • Emergency department visits are lower compared to the rest of northeastern Ontario (SDHU, 2016b) • Hospitalization rates are higher for females vs. males (SDHU, 2016b)

		<ul style="list-style-type: none"> • 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)
<p><i>Evidence informed decision making</i></p>	<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) • 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

Appendix C: Discussion Questions for Consultation with Senior Management Executive Committee and Board of Health Executive

Questions for Senior Management Executive Committee SWOT Discussion:

1. What opportunities has the SDHU had in the last planning cycle?
2. What threats has the organization had to deal with?
3. What strengths did the organization rely on to deal with threats or opportunities?
4. What weaknesses has the organization had in dealing with threats and opportunities?
5. What obstacles does the organization face?

Questions for Senior Management Executive Committee to Inform the Next Strategic Plan:

1. Knowing all of this, what is your vision for the next Strategic Plan?
2. What do you see as the key priorities the SDHU should establish in its next Strategic Plan?
3. What are the critical issues that the SDHU needs to face over the next three – five years?
4. Are there priority program areas that the SDHU should highlight in the next Strategic Plan? (i.e. Health Equity, Indigenous Engagement).
5. If Health Unit had unlimited resources, what would you recommend the Health Unit do within the next five years?
6. Given the economic context and budget constraints, how can the SDHU remain financially strong while meeting the needs of our community?
7. What would you like to find out from our community and stakeholders?
How residents/partners want to be engaged?
What values do they look for in the SDHU?
8. Is there anything else we would want to know from the survey recipients?

Questions for Board of Health Executive SWOT Discussion:

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?

Questions for Board of Health Executive to Inform the Next Strategic Plan:

1. Knowing all of this, what is your vision for the next Strategic Plan?
2. The Organizational Standards suggest the Strategic Plan cover a 3 to 5 year timeframe. What time frame do you suggest for the next strategic plan?
3. What do you see as the key priorities the SDHU should establish in its next Strategic Plan?
4. Based on what has been identified so far, what should we ask the community as part of the engagement? Our stakeholders?

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 Ontario 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

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

c) 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**

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 Ontario 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.

d) 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**

e) 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**

f) 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

g) 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

h) 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

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

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

k) 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)

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: _____

4. 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: Common Themes from Strategic Plan Engagement Surveys and In-Person Staff Engagement Session

Theme	Staff Survey (n=102)	Staff World Café (n=227)	Community Partner survey (n=100)	General Public survey (n=93)	Board of Health survey (n=5)
<i>Access to Public Health Services</i>			<p>✓</p> <ul style="list-style-type: none"> • Equitable access to services • Need to support provincial and federal strategies 	<p>✓</p> <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. 	<p>✓</p> <ul style="list-style-type: none"> • Increase outreach in the community
	✓	✓			✓

<p><i>Capacity (time and resources)</i></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 	<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 		<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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	✓	✓	✓		
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*Engagement/
Collaboration*

- | | | |
|---|---|--|
| <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 | <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) | <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 |
|---|---|--|

<p><i>Evidence-Informed Practice</i></p>	<p style="text-align: center;">✓</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 style="text-align: center;">✓</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> <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>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>

<i>Indigenous Engagement</i>	<ul style="list-style-type: none"> • Need to work with FN communities and empower them to lead initiatives 	<ul style="list-style-type: none"> • Recognize and remove barriers • Provide client centered care • Be flexible 	<ul style="list-style-type: none"> • Increased focus on indigenous health 	<ul style="list-style-type: none"> • “Provide information/training/programming that respects Indigenous peoples” 	<ul style="list-style-type: none"> • Develop trust and partnerships with First Nations Communities • Incorporate indigenous programs into planning
<i>Innovative Ideas</i>	✓		✓		✓

(including communication tactics and change management)

- Continue to develop social media and online platforms
- Use modern technology to gather and convey messaging

- Think outside the box to ensure adequate programs and services throughout the community
- Need to invest in innovative partnerships based on community needs

- “focus on core mandates, in innovative ways”
- Plans must be adaptable and reflect changing requirements

✓

✓

<p><i>Internal Communication (Cross-Divisional)</i></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 	<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>				<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 	<p>✓</p> <ul style="list-style-type: none"> • Trust and respect staff to be professionals 			

<p>build trust internally (horizontally and vertically)</p> <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"	<p>and engage in meaningful partnerships</p>		
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Appendix I: Top 5 priorities for the public's health according to general public and community partners

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

We are Public Health...

MEANINGFUL
Relationships

EQUITABLE
Opportunities

PRACTICE
Excellence

ORGANIZATIONAL
Commitment



Public Health
Santé publique
SUDBURY & DISTRICTS

... and this is what we do.

Introduction

Public Health Sudbury & Districts is a progressive public health agency committed to improving health and reducing social inequities in health through evidence-informed practice.

With a head office in the City of Greater Sudbury and five offices throughout the City of Greater Sudbury and the districts of Sudbury and Manitoulin, we have over 250 staff who deliver provincially legislated public health programs and services.

The 2018–2022 Strategic Plan builds on past successes and provides direction on the role we all play in creating the conditions that help our communities be healthy.

Message from the MOH

Mission

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

Vision

Healthier communities for all.

Vision

Healthier communities for all.

Humility

We are modest and self-reflective. We respond to the needs of others, are open to feedback, and seek to understand biases in order to develop and maintain genuine relationships.

Trust

We are honest and dependable, and show integrity in our actions. We encourage transparency and accountability in decision-making, collaboration, and service delivery. We work truthfully and honour our commitments.

Respect

We treat all individuals with mutual respect and sensitivity. We show regard and consideration for our team members, partners, and communities and value all contributions.

Equitable Opportunities

To decrease health inequities and strive for equitable opportunities for health.

Meaningful Relationships

To establish meaningful relationships that lead to successful partnerships, collaborations and engagement.

Practice Excellence

To strive for ongoing excellence in public health practice including, program and service development and delivery.

Organizational Commitment

To foster organization-wide commitment and ensure that we are well positioned to support the work of public health.

Mission

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

Strategic Priorities

Equitable Opportunities

- Address a broad range of social and economic factors that impact health, including mental health
- Support awareness, education, advocacy, and policy development to reduce health inequities
- Tailor programs and services to reflect community voices and needs
- Champion actions to decrease health inequities within an integrated health system
- Support all communities, including Indigenous communities, to reach their full health potential

Meaningful Relationships

- Nurture strong relationships with local communities, organizations, municipalities, and other parts of the health system
- Facilitate diverse community engagement, including engagement with people with lived experience, for the planning, development, and implementation of public health initiatives
- Engage with Indigenous populations in a way that is meaningful for them
- Help build capacity among partners to promote resilience and mental wellness in our communities
- Collaborate with a diverse range of sectors

Practice Excellence

- Use local data to adapt programs and services to neighborhoods and populations with the greatest needs
- Ensure effective public health practice to collect, use, and generate quality evidence
- Apply relevant and timely surveillance, evaluation, and research results
- Implement innovative approaches for programs and services that can be adapted to reflect change and community needs
- Work with communities and other parts of the health system to deliver population level interventions

Organizational Commitment

- Cultivate a skilled, diverse, and responsive workforce
- Ensure a culture of continuous quality improvement and ongoing learning
- Increase awareness of the role of public health and our programs and services
- Strengthen organizational culture, engagement, and resiliency
- Foster a work environment that supports and sustains mental health and well-being
- Demonstrate accountability and transparency to our clients, communities and stakeholders

BOH/Senior Management Workshop Findings for Visual Identity

At the September 28, 2017 workshop with the Board of Health (BOH) and Senior Management Executive Committee (EC), feedback was collected on the proposed visual identity and brand refresh. The following table outlines what was heard at the workshop and how it has been, or will be, addressed.

Table 1 Visual Identity Updates

Proposed Component	What we heard (workshop feedback)	What was done (or will be done) in response
Agency Name	Some liked having “public health” at the beginning of the proposed agency name to emphasize what we do, while others thought it should follow the names of the districts	<p>“Public Health” will remain at the beginning of the proposed agency name for emphasis.</p> <p>This will also be in alignment with one of the key themes of the strategic plan engagement activities that indicated we need to raise awareness about the role of public health.</p>
	It was recommended that an “s” be added to the word “districts” to be more reflective of the multiple districts in the catchment area	An “s” was added to districts in the proposed name. i.e. Public Health Sudbury and Districts
	There were questions about incorporating other languages such as Cree and Ojibwe into the name and logo or into other materials.	Other languages will be considered in the future development of materials as required to meet audience needs.
	There was discussion about the acronym that would be used with the adoption of a new name. Many participants indicated that staff and partners currently refer to the agency as the SDHU and that the current website uses sdhu.com. There was a recommendation to consider how and what acronym would be used or, if an acronym is needed at all.	<p>To keep the emphasis on public health and bring awareness to the role of public health in the community, we will try to avoid the use of acronyms and refer to the agency as public health in the community.</p> <p>For the website, the phsd domain has already been set aside for purchase so that website traffic could be redirected from sdhu.com to the refreshed site.</p>
Design	Some participants were initially surprised by the refresh but ultimately liked that the change was clean and clear.	The design elements will remain as proposed and a follow-up meeting has been scheduled with the BOH Executive Committee to review other revisions from the VI and brand refresh.
	A couple of participants found the colours to be very bright and somewhat	Multiple shades are available within the VI colour scheme. We will check with the Graphic Designer, to determine if any of

Proposed Component	What we heard (workshop feedback)	What was done (or will be done) in response
	juvenile while others loved the bold contrast.	the colours can be toned down in some of the graphics.
Accessibility	<p>There were some concerns about whether or not the colour scheme would be visible to those who are red/green or blue/green colour-blind. It was recommended that we connect with CNIB to ensure we meet their design criteria for those who have colour-blindness.</p>	<p>Research on designing for colour-blindness indicates that it is not about the colours selected but more about the shading and contrast in colours. It is also recommended not to use colour alone as the only distinguishable difference for contrasting components in a design (ex. bars in a bar graph).</p> <p>When refreshing the VI, the Graphic Designer ensured that the design followed clear print guidelines and ran the designs through an accessibility checker.</p> <p>Follow-up calls have also been made to CNIB to confirm that the designs are accessible. CNIB suggested following the clear print guidelines and recommended that we do not use red font on green backgrounds or vice versa, as well as no blue and yellow font/background combinations. Avoiding these colour combinations would ensure that individuals with cone cell differences could still read and interpret designs. We were also reminded to ensure graphics do not only use colour to distinguish differences (for example use different colours and shapes to show different categories). More information can be obtained if needed.</p>

2018-2022 Visual Identity and Strategic Plan Socialization and Dissemination

Background

Why is it important to launch, socialize, and disseminate?

Ongoing socialization and dissemination strategies, including a launch event, will reveal our refreshed identity, and will guide the distribution and communication of the Strategic Plan.

A launch event, held following the January 2018 Board of Health meeting, will reveal the new visual identity and Strategic Plan.

Ongoing socialization and dissemination strategies will help integrate the strategic priorities and values into the everyday practice of staff members, will ensure that stakeholders are aware of the role of public health, and that partners understand how we can support their work.

Who is involved?

- Board of Health members and Senior Management to provide guidance, participate in launch event, and champion ongoing initiatives
- Members of the Strategic Plan Committee to plan, share, and implement strategic plan socialization and dissemination activities
- Staff members to support the implementation of the strategic plan

What factors must be considered in socialization and dissemination strategies?

- Socialization and dissemination strategies need to help emphasize the role of public health in our communities.
- The 2018-2022 Strategic Plan builds on the work of the previous strategic plan.
- The 2018-2022 strategic priorities are directional in nature and are meant to guide public health work.
- We need to show how the Strategic Plan aligns with other agencies' plans to ensure the advancement of our priorities.
- Staff members need to live the strategic plan and demonstrate how it is used.
- Staff members should use resources made available to them to deepen their understanding of the strategic priorities and values.
- There is work required beyond the scope of the Socialization and Dissemination Plan that will support moving the strategic priorities forward.

Launch event for visual identity and 2018-2022 Strategic Plan

Goals

To reveal the refreshed visual identity and the 2018-2022 Strategic Plan.
To celebrate with our stakeholders and communities.

Objectives

- Present our refreshed visual identity to stakeholders and the media
- Present the 2018-2022 Strategic Plan to stakeholders and the media
- Share the new visual identity and Strategic Plan with our communities

Audiences

A strategic plan launch event will involve Board of Health members, public health staff, key stakeholders and partners, and invited members of the media.

Approach

The launch event will occur on January 18, 2018, following the Board of Health meeting. The event will be held in the Ramsey Room at the Health Unit and methods for livestreaming the event are being explored.

The launch event will include:

- Invitations to key stakeholders, community partners, and members of the media
- Media release to share refreshed visual identity and 2018-2022 Strategic Plan
- Guest speakers such as the MOH, BOH Chair, and staff members to share what the strategic plan means for them and their role.
- Promotional materials and activities to familiarize attendees with the refreshed visual identity and Strategic Plan components.
- Snacks/lunch for invited stakeholders who attend the event

Ongoing socialization and dissemination for the 2018-2022 Strategic Plan

Goals

To promote the new Strategic Plan throughout the agency and our communities.
To increase awareness of the role of public health.

Objectives

- Staff and external partners are aware of the changes and the overall 2018-2022 Strategic Plan
- Staff understand the strategic priorities, how they guide the work they do, and their role in moving the priorities forward
- Staff are aware of and understand the values and how to live them in their day to day work

- Partners and community members are more familiar with of the role of public health
- Partner agencies can identify common priorities and facilitate collaboration

Audiences

Promotion of the Strategic Plan and the work of public health will be targeted to all individuals and agencies in our communities.

Socialization activities that encourage individuals to live and apply the components of the Strategic Plan will be directed to staff and Board of Health members.

Approach

A variety of activities will take place to help 'socialize' and disseminate the 2018-2022 Strategic Plan. Activities will:

- Raise awareness about the new strategic plan among staff members and within the communities (ex. media release, staff training, social media posts)
- Encourage staff members to "live it" / adopt the strategic priorities and values (ex. interactive promotional materials, kudos cards)
- Promote ongoing interest in the strategic plan and its application for sustainability (ex. promotion in email signatures, video testimonials)

ADJOURNMENT

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