



BOARD REPORT

Friday, March 18, 2016



Medical Officer of Health

REPORT TO THE BOARD

Friday, March 18, 2016

Draft 2015-2020 Strategic Plan

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Grey Bruce Health Unit

2015-2020

Strategic Planning Process and Environmental Scan



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Introduction

The Grey Bruce Health Unit engaged its managers, staff, partners and the Grey Bruce community in the development of a new strategic plan in the fall of 2015.

This new strategic plan includes a vision and mission statement, outlines values and values based behaviours as well as strategic directions and goals.

The GBHU Strategic Planning Committee (SPC) comprised of managers and staff guided the process.

Staff involvement and community and partner input were vital to the process.

Members of the Strategic Planning Committee

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Environmental Scan Summary

GBHU Profile

The Grey Bruce Health Unit serves a total population of 158,670 residents in Grey and Bruce Counties located throughout 17 municipalities, including two First Nations and several Mennonite and Amish communities.

The Health Unit now operates within four quadrants – North West, North East, South West and South East – totaling around 8,600 square kilometers. Each of the quadrants have a number of townships associated with them. Within the Northwest quadrant lies the townships of Northern Bruce Peninsula, South Bruce Peninsula, Arran Elderslie, and Saugeen Shores. Within the Northeast quadrant lies Georgian Bluffs, Owen Sound, Meaford, and Town of the Blue Mountains. Within the South West quadrant lies Kincardine, Brockton, South Bruce, and Huron-Kinloss. Within the Southeast lies Chatsworth, West Grey, Hanover, Southgate, and Grey Highlands.



The median age of the Grey Bruce population is 47 years old, with 20.7% being 65 years or older, and only 15.1% being 0 to 14 years old. Fifty-three percent (53%) of the Grey Bruce population lives in a rural area, while 47% lives in small population centres. Population growth has been small, with only a 0.6% growth since 2006.

Priority populations often carry a disproportionate burden and risk of poor health, usually determined due to social determinants of health such as: income, education, working conditions, social exclusion, food insecurity, etc. Priority populations within Grey Bruce include:

Aboriginal people, Mennonite/Amish people, children and youth, seniors, pregnant women and families, people living with low income, people with mental health issues, people with addictions, people with physical and intellectual disabilities, and people who are lesbian, gay, bisexual, transgender, queer (LGBTQ).

The Health Unit provides 25 Services (Appendix A) that are mandated by the Health Protection and Promotion Act (HPPA) and the subsequent Ontario Public Health Standards and Protocols (2008). The Health Unit also provides, Preschool Speech and Language services funded by the Ministry of Children and Youth Services. The Health Unit carries out a variety of other initiatives (Appendix B) that support healthy growth and development of children and youth, reduce disability, improve quality of life for adults and seniors, reduce costs for treatment of preventable conditions and help communities, workplaces and schools invest in creating healthy environments.

Approximately 66% of health unit staff are allocated to Services. Approximately 34% of staff are allocated to Projects/Initiatives and work in collaboration with a number of agencies, municipalities and community groups to improve health in Grey Bruce and support healthy community development.

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Strengths, Weaknesses, Opportunities & Challenges

Strengths, Weaknesses, Opportunities & Challenges were compiled from Staff consultations, survey of partner, interviews with key informants and Board of Health consultation. The results are presented in **Table 1**.

Table 1: Strengths, Weaknesses, Opportunities, Challenges Exercise

Strengths	Weaknesses
<ul style="list-style-type: none"> • Accreditation and building quality framework • Strong, visionary leader • Broad range of leadership throughout the geographic areas • Technology • Innovation • Integrated/interdisciplinary approach • Good collaboration • Wide range of committees/partnerships (internal and external) • Engaged staff • Dedicated and competent Board of Health • Skilled and experienced staff and managers. Retaining outstanding employees. • RNAO Best Practice Spotlight Organization. • Disseminating information to the public • Adaptability • Implementing new programs(i.e. panorama) • Outstanding execution of mandatory programs • Taking on current local issues in a proactive manner, getting messages to public. • Media engagement including challenging issues. 	<ul style="list-style-type: none"> • Some skill deficits • Process review – key milestones/indicators • Lack of ability to get really local data • Mutual trust • Communicating change to partners • Role clarification of public health and role in population health. • Partners not involved in change planning • Ensure provincial directives are implemented complimentary to Grey Bruce requirements • Better protocols between agencies and public health • More front line presence, public feel disconnected from Owen Sound, be more visible in communities. • Help communities understand role of PH (branding). Comprehensive approach to PH, it covers education to enforcement, inspection to HC partnership table.

Challenges	Opportunities
<ul style="list-style-type: none"> • Budget • Retiring leaders and senior staff • Austerity – more focus on core services, less opportunities for partnerships • Geographically spread out population-equitable presence in the community • Government decisions/political landscape • Communication with IT on site and remote • Union employee relations • Distribution of resources for professional development • Dedicated physical space for staff when working in geographic areas. • Provide culturally sensitive services • Find and mitigate stakeholder apathy • Insufficient people resources due to financial restraints • Effectively deliver programs and services to the people who need it • Better demonstrate the value added from the work completed, measure impact 	<ul style="list-style-type: none"> • Improving and building on partnerships: Continue collaborating and promoting partnerships –deeper communication on public health activities with partners and municipalities. • Government decisions/political landscape. Collaborate and increase presence /profile at the municipal level. • Potential for professional development and succession planning • Changes to programs and management • Communicating value of public health • Community engagement opportunities • Engagement with staff on role of Board of Health • Establish a high level single point of contact/relationship on both sides between GBHU & FHT’s • To be more engaging with the public by providing educational materials • More engagement from PH to attend community forums/meetings/etc. • Provide expertise and consultation • Try to ensure equitable distribution of programs and services throughout the geographic area • Leverage • Opportunity around social media, electronic communication • Risk management for Board of Health and program level • Establish broader PH representation at HC partnerships • Targeting parents to get messages through kids because parents are the biggest influence on kids • Willingness to take on new challenges

	<ul style="list-style-type: none"> • Bring population health and health equity lens to key sectors and community as a whole including healthcare sector. • Assess community capacity to take on projects, clarify role of public health in projects
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Vision, Mission, & Core Values and Principles

Vision: A healthier future for all.

Mission: Working with Grey Bruce communities to protect and promote health.

Value Statement: We value equitable opportunities that support health and well being.

The core values guide our practice and behavior internally and externally as we work with our clients, partners and communities.

Core Values:

- Effective communication - clear and efficient in all forms and use.
- Partnership - with individuals, families, organizations and communities to provide opportunities to protect and promote health.
- Respectful Relationships - with the people we serve, our community partners and each other.
- Quality and Innovation - cultivate an environment of excellence and creativity.
- Integrity - ethical behaviour incorporating open and honest communication.
- Leadership - provide guidance, direction and a shared vision for healthier communities.

Value Based Behaviours:

Effective Communication:

- Fosters open, honest and timely communication.
- Uses effective methods and tools for sharing information and evaluates the effectiveness of these methods.
- Seeks new opportunities to share information.
- Develop and apply communication strategies.

Partnership:

- Actively seek opportunities to develop new partnerships.
- Strive to achieve common goals and resolve differences.
- Collaborate with colleagues to meet shared goals.
- Build trusting relationships with clients, service providers and community members.
- Recognize the contribution of others.

Respectful Relationships:

- Demonstrate fairness, honesty and openness.
- Show courtesy and respect in all dealings with co-workers and clients.
- Maintain the privacy and confidentiality of co-workers and clients.
- Recognizes the dignity and worth of every person.

Quality & Innovation:

- Apply evidence-based research and promising practices to plan strategies.
- Plan, develop, implement and evaluate new strategies.
- Critically appraise, revise and improve plans and strategies.
- Effective use of current technologies.
- Foster an environment of creativity and confidence to try new things.

• Integrity:

- Demonstrate accountability for actions.
- Follow safe and ethical practices in all aspects of work.
- Uphold standards of practice for each discipline as mandated by Regulatory Colleges, the Public Health Core Competencies, and the Ontario Public Health Standards.

• Leadership:

- Upholds the highest standards of professionalism, skills & knowledge
- Considers all opinions and builds on the ideas of others
- Identify new Public Health challenges
- Bring appropriate partners together
- Recognizes and support innovation and fresh approaches to achieve goals

- Practices risk management by anticipating, identifying, assessing and prioritizing threats or challenges.

Strategic Priority Areas

People	Services & Initiatives
<ul style="list-style-type: none"> • Promote a healthy workplace • Promoting excellence and leadership • Effective management – staff communication • Staff recognition 	<ul style="list-style-type: none"> • Developing and maintaining external partnerships • Improve communication with partners –transition plans- include communication plan. • Having clear and shared goals • Client centred services and initiatives. • Building the capacity of other sectors • Developing and maintaining internal partnerships • Evidence-informed services and initiatives • Delivery of regulatory service, accountability agreements • Upstream programming • Community awareness of health unit role and services. • Visible presence in local communities
Infrastructure	Accountability
<ul style="list-style-type: none"> • Keeping up with the times/technology • Determining and developing electronic systems for internal processes 	<ul style="list-style-type: none"> • Quality Assurance (e.g., client feedback) • Using evidence to make decisions • Measuring impact / evaluation • Reporting outcomes to communities and stakeholders • Meeting Accountability Indicators • Fiscal responsibility

Strategic Direction #1: **Ignite a Positive Work Environment that Invigorates and Fosters Enthusiasm and Innovation**

Strategic Direction #2: **Forge Strong Strategic Partnerships to Target Public Health Issues**

Strategic Direction #3: **Deliver the highest quality public health services.**

Strategic Direction 1:

Ignite a Positive Work Environment that Invigorates and Fosters Enthusiasm and Innovation

Goals (from Strategic Priorities and Themes that arose from surveys/interviews)	Objectives
Cultivate a healthy workplace using a holistic approach that fosters physical, mental and spiritual wellbeing.	<p>Enhance work-life balance through flexible work arrangements for staff</p> <p>Promote collegiality, social and professional cohesion.</p> <p>Ensure equitable distribution of workload, opportunities for development, etc.</p> <p>Support a healthy physical work environment.</p> <p>Ensure timely flow of information during times of transition and uncertainty.</p> <p>Create a workplace that supports all employees in emulate the values based behaviours.</p> <p>Recognize staff for their achievements (both as teams and individuals).</p>
Staff are motivated and enabled to continuously develop their skills, confidence and expertise.	<p>Provide timely training and equal opportunity for teams to learn and develop together, enhancing personal and technical skills</p> <p>Develop the skills and knowledge of staff to lead system change.</p> <p>Ensure opportunities to practice core competencies and lead and influence change</p>
Staff are engaged in change at the team and organizational level.	<p>Managers involve staff in contributing their knowledge and expertise to planning implementing changes.</p> <p>Incorporate staff knowledge, ideas and problem solving in planning services and projects.</p> <p>Develop strong teams where all members are motivated to contribute to influencing change.</p>

Strategic Direction 2:

Forge Strong Strategic Partnerships to Target Public Health Issues

Goals	Objectives
<p>Work strategically with partners to address system changes needed to support population health.</p>	<p>Identify gaps and opportunities for strategic cross-sector collaboration.</p> <p>Ensure all projects done in partnership are fully accountable.</p> <p>Provide population health information and expertise to partnerships.</p> <p>Communicate effectively with partners about both emerging and unexpected changes in the public health sector that impact our mandate and service delivery.</p> <p>Ensure a formal change management process is used when making changes to initiatives delivered in partnership.</p>
<p>Build on existing collaboration with upper and lower tier municipalities.</p>	<p>Work towards evolving the PHCTs to become a community health table that engages key community leaders.</p> <p>Ensure PHCTs understand the population health issues in their municipalities.</p> <p>Ensure visibility and accessibility of Public Health services and projects in all municipalities.</p> <p>Use a “Health in All Policies” approach to decision making.</p>

Strategic Direction 3:

Deliver the highest quality public health services.

Goals	Objectives
All strategies are evidence-informed.	Ensure a comprehensive planning process is used for all projects/initiatives. Ensure the impact of all strategies is measured and reported on to the Board and community at large.
Quality Improvement is incorporated throughout the organization.	Empower staff to lead Quality Improvement initiatives. To maintain Exemplary Standing with Accreditation Canada.
Technology is used to its fullest potential to deliver public health services.	Continuously assess emerging opportunities to use technology to achieve service goals. Staff are supported to effectively use software and technology in their work.
Ensure principles of client centered care are followed throughout the organization.	Client satisfaction/feedback is incorporated into planning. Ensure client and staff safety.

PROGRAM REPORT MARCH 2016



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We work with the Grey Bruce community to protect and promote health

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The Above Standard Housing Project

Introduction



Housing plays an immense and complex role in shaping our physical, mental and social well-being. Access, condition, proximity to environmental hazards and connectedness with the rest of the community are all factors that determine whether housing contributes to or detracts from human health.

Substandard housing conditions (e.g. dampness, mould, inadequate heating/cooling, pest infestations) are a subset of these factors that has been well established as contributing to adverse health effects, especially among the poor, the elderly and those living with mental illness and addiction.

However, focused efforts to understand and work collaboratively to address the root causes of these conditions are largely absent.

Recognizing this gap, the Grey Bruce Health Unit, in partnership with the Bruce Grey Poverty Task Force, initiated the Above Standard Housing Project (ASH) in 2014. In the short term, ASH seeks to understand the local factors that contribute to the persistence of substandard housing conditions. In the long term, it is hoped this understanding will inform strategies/initiatives that will improve and sustain housing conditions; in other words from “substandard” to “above standard”.

As well as its local activities, ASH is a partner in [RentSafe](#), a province-wide initiative coordinated by the Canadian Partnership for Children’s Health and Environment. *RentSafe* is an inter-sectoral coalition of stakeholders involved in capacity building projects throughout the province to address indoor environmental health risks affecting low-income tenants. Based on local needs and capacity, all of the projects look for ways to improve housing conditions for marginalized populations. Alignment with *RentSafe* provides the opportunity to learn from other project partners and to contribute in a significant way to the body of knowledge related to addressing substandard housing.

This report provides a review of the work undertaken in 2015 and activities planned for 2016.

2015 In Review

Tenant Focus Groups

Tenant focus groups were conducted by the Grey Bruce Health Unit to find out what kind of substandard housing conditions are encountered by low-income tenants, how these conditions affect them, and how they handle these situations. Three focus groups were held in Grey Bruce with a total of 22 low-income tenant participants. Substandard housing was defined as “the physical conditions of a house or apartment referring to heating and cooling issues, pest infestations, leaks, dampness, mould, and structural hazards and safety concerns”

The information from these sessions can be categorized into three general themes: concerns about physical health and safety; psychosocial impacts; and regulatory shortcomings.

Concerns about Health and Safety

Tenants shared detailed descriptions of poorly maintained homes as per the definition of substandard housing. Conditions included lack of adequate heat; plumbing and roof leaks creating damp and mouldy conditions; bed bug, cockroach and rodent infestations; and structural faults creating physical safety hazards. The presence of these conditions resulted in significant health and safety concerns. Tenants reported symptoms and conditions that included respiratory illness (including asthma) rashes, falls/injuries (as a result of structural faults) and exacerbation of existing mental illness. These symptoms/conditions often required emergency room visits or doctor’s appointments.

Psychosocial Impacts

Tenants identified psychosocial impacts of living in the conditions identified. Tenants discussed how embarrassment about their living conditions prevented them from inviting friends and family to visit. They described feelings of frustration and hopelessness because they could not change their situation, and anger towards landlords for not fixing obvious discrepancies and treating them with disrespect. Some expressed fear that their living conditions could result in the removal of their children from their home by child protection services.

Regulatory Shortcomings

Tenants described frustration and confusion with the mechanisms in place to deal with substandard housing conditions. Tenants identified lack of clear housing standards as a major barrier. Some noted that while landlords tended to adhere to Fire Code requirements (which are clearly defined) other aspects of adequate housing were less clearly defined and therefore compliance and enforcement were lacking. Tenants felt that housing standards/guidelines and accountability for housing repairs should be a provincial systematic process. They recommended annual inspections of rental properties by mandated provincial/municipal jurisdictions as a method of ensuring increased compliance of standards. Tenants also reported frustration with the Landlord and Tenant board process, which they viewed as overwhelming and prohibitive. Tenants expressed a need for better educational resources and advocates who could assist them in navigating this process.

Out of these discussions, two Grey Bruce tenants who participated in the focus groups became part of the *RentSafe* Advisory Committee to provide recommendations from their lived experience perspective. This committee will meet over the next three years and create short and long-term recommendations for housing improvement in Ontario.

Municipal Property Standards Enforcement and Public Health Inspection Liaison

Housing inspection and enforcement can be effective tools in addressing substandard conditions. Health units and municipal property standards programs share responsibility for responding to complaints about substandard housing. However, these responsibilities often overlap and it may be unclear which agency (if either) should take the lead on specific complaints.

These issues were discussed at a focus group hosted by Grey Bruce Health Unit in Walkerton on November 2. The session brought together public health inspectors and property standards enforcement officers to share information about their work and explore possible ways of working more effectively. The key themes arising from the discussion were:

1. There is a significant amount of overlap in the types of complaints responded to by public health and municipal property standards.
2. It would be useful for property standards enforcement officers to be aware of housing complaint investigations being carried out by Grey Bruce Health Unit in their locales.
3. There is potential for property standards enforcement and public health to collaborate on specific issues, for example complaints of mould in rental housing.

As a result of these discussions, all housing complaints triggering an inspection by Grey Bruce Health Unit are brought to the attention of the local municipality. This allows for a more consistent/coordinated effort between public health and property standards enforcement should the latter also be investigating the complaint.

As well, work is underway to carry out a pilot project involving Grey Bruce Health Unit and selected municipalities to identify opportunities for collaborative action.

RentSafe Provincial Health Unit Survey

In addition to the local consultation with municipal property standards, ASH worked with other *RentSafe* partners to survey all 36 Ontario public health units about their response to housing complaints. The survey looked at the types of complaints received by health units, the approach taken in responding to them, and the extent to which health units work with other stakeholders

in attempting to resolve substandard housing issues. Grey Bruce Health Unit took the lead in compiling the survey, analyzing the results and producing the report

The [RentSafe PHU Survey Results](#) indicate that Ontario health units have widely different views about the applicability of public health legislation in dealing with substandard housing issues. There is a correspondingly wide range of approaches to complaint response among health units. *RentSafe* project participants intend to further consult with health units to better understand this variation.

Plans For 2016

Landlord Consultation

Above Standard Housing Project will conduct a series of focus group sessions with landlords in 2016. The format of the sessions will follow that used in 2015 to engage tenants. The sessions will seek landlords' perspectives on the challenges they face in maintaining their properties and to consider ideas that could assist them in addressing these challenges.

Property Standards/Public Health Collaboration Project

Grey Bruce Health Unit will undertake a pilot project with interested municipalities to explore collaborative approaches to addressing substandard housing issues. While the exact scope and nature of the project has yet to be defined, its broad goal is to encourage complaint/issue data sharing, coordinated enforcement action, joint training where appropriate, and opportunities for relevant policy development.

Funding Request for Eviction Prevention Initiatives

The YMCA of Owen Sound Grey Bruce has applied for funds to support activities related to Eviction Prevention. If the proposal is successful, funds will be used to to hire coordinators who will use a case management approach in addressing landlord and tenant issues.

Bruce Grey Poverty Task Force Housing Action Group

Joan Chamney, YMCA of Owen Sound Grey Bruce
Glenda Devlin, Grey Bruce Legal Clinic
Tania Dickison, Bruce County, Social Services & Housing Department, Housing Services
Jodi Eagleson, Grey County (administrative support)
Bob Hart, Grey Bruce Health Unit
Patty Kelly, The Women's Centre
Krista McCorkindale, Southeast Grey Community Health Centre
Colleen Purdon
Karen Schlacht, Grey Bruce Health Unit
Anne-Marie Shaw, Grey County Housing (Chair)
Matthew Shute, Hope Grey Bruce
Sylvia Stratham, St. Francis' Place

