executive summary
Peel Public Health Department 10-Year Strategic Plan

The Foundation of our Work: Vision, Mission, Values

The vision is a statement of what we would like to achieve as the end result of our efforts. We believe that the vision statement already developed by the Region of Peel is directly applicable to us as the Public Health unit. We, therefore, adopt the Vision of the Region of Peel as our own:

**Vision**

Peel will be a healthy, vibrant and safe community that values its diversity and quality of life.

The Mission Statement represents our specific purpose, our raison d’être:

**Mission**

Peel Public Health protects and promotes health, prevents disease, and reduces health disparities through a population health approach.

There are a number of values that influence the way we go about our business. For a succinct statement, readily understood by all, we have adopted the Statement of Values of the Region of Peel:

**Values**

- Supportive & Respectful Environment
- Teamwork
- Effective Communication
- Integrity
- Quality Service

Overview: Our Plan and Planning Context

The Peel Public Health 10-Year Strategic Plan is grounded in “The Public Health Way”, the department’s governing philosophy for the delivery of public health services. The identification of five infrastructure priorities allows the department to highlight those areas of internal operations that will evolve to support and fulfill the precepts of the Public Health Way. And, in order to accelerate the achievement of our vision of Peel as a healthy, safe and vibrant community, four program priorities target specific community health issues for special attention within Peel over the coming years. Our ongoing programs also continue to serve the needs of Peel residents.
Over the next 10 years, we envision an environment characterized by rapid change—demographically, economically, socially, and professionally. We embrace this change. It presents a future ripe with opportunities—opportunities to evolve and develop over the next decade and to achieve our Mission in new and creative ways. With the guidance of this plan, we will successfully navigate through the changes and support the Region of Peel in achieving its Vision.

**We foresee a Regional population that is growing and changing dramatically …**

- The Region of Peel is large—currently 1.2 million people.
- It is growing rapidly—population increased 17.2% from 2001 to 2006 and it is expected to grow by 2% per year for the next 10 years.
- The population is diverse, the proportion comprised of immigrants now nearing 50% and with about one-half of the population self-identifying as a member of a visible minority.
- Population is slightly healthier, better educated and younger than Ontario’s as a whole.
- Lone-parent families are an increasing percentage of the total number of families.
- Volunteer sector makes a significant contribution, but volunteer groups have less capacity here than in more established communities.

... with our Public Health Department experiencing change as well …

- We operate as directed by the Regional Council (serving as our Board of Health) and according to provincial legislation (particularly the Health Protection and Promotion Act) and the policies and guidelines of the three funding ministries.
- Two different Local Health Integration Networks (LHINs) serve Peel: Mississauga–Halton and Central–West.

Public Health is not formally part of this system, but must engage with it.
- As one of the largest public health units in Canada (employing more than 700 people, representing some 600 full-time equivalents), we provide a wide range of specialized services—the challenge is to reach all of the populations in need with the resources available.
- We operate within a labour market that is very competitive for some health professionals.
- We have a significant percentage of our workforce eligible for retirement in the next few years. Staffing will be an issue.
- We recognize the need to cultivate ethno-cultural diversity within our workforce.
- We are funded by the taxpayers of Peel and by three ministries of the Government of Ontario (the Ministry of Health and Long-Term Care, the Ministry of Health Promotion, and the Ministry of Children and Youth), and we expect that fiscal restraints on overall government spending, at least in the near term, will constrain the growth of our future funding.

... and some particular developments exerting their influence on our strategic thinking …

- The Region of Peel’s Common Purpose and its commitment to employee engagement, customer satisfaction, trust and confidence are reflected in and supported by our own commitments and priorities contained in this 10-Year Strategic Plan.
- In late 2008, the Ontario Ministry of Health and Long-Term Care (MoHLTC) released new Public Health Standards for Ontario. The new release contains many detailed protocol and guidance documents. We are incorporating these new standards into our operations and we are determining the effect on our costs.
The Government of Ontario has established a new, arms-length agency, the Ontario Agency for Health Protection and Promotion. Its mandate encompasses laboratories, research, knowledge translation, technical advice and continuing professional development. We are now establishing our working relationship with the new agency.

*A Picture of Health: A Comprehensive Report on Health in Peel 2008* is the first report produced by Peel Public Health to provide the big picture on the health of the citizens in the region. While no report can address all of the many diseases and conditions which affect residents in the region, this report is a snapshot of health conditions which have significant impact on the population. It highlights those which are changing and those which are most amendable to prevention. Throughout the report it is evident that health status is linked to a number of determinants, including income, education, social support, the workplace, stress, healthy child development and migration. Those findings have had a significant impact on the priorities in this strategic plan.

### The Governing Philosophy: The Public Health way

The Public Health Way recognizes that, in the practice of public health, there are dilemmas, choices, value judgements, and the need to find a balance among competing viewpoints and resources. As such, the Public Health Way is not a set of absolutes. Instead, it expresses a set of preferences, to guide action as, and when, circumstances permit. Here are some examples.

#### The Proper Domain of Public Health versus Other Elements of the Health-Care System

Public health is a “public” good, that is, the benefits accrue to everybody in the community and, therefore, the costs cannot be allocated to specific individuals or be based on individual use. As such, the classic focus of public health has been in areas such as safe food and water, safe disposal of waste, dealing with infectious diseases, etc. Over the years, the focus has expanded to include, for example, proper nutrition and shelter, non-infectious disease prevention, occupational health, risky life-style behaviours and environmental risks. The proper domain for Peel Public Health consists of those areas where the largest impact on the health status of Peel can best be obtained by taking a population approach.

#### Population versus Individual Health Strategies

Changing the overall health status of the general public through interventions directed at specific individuals is both difficult and inefficient. On the other hand, health promotion strategies directed at entire populations (the general public) have a much greater effect on the overall health status of a region. The cumulative effect of making thousands of improvements, small though they may be, in the bulk of the population is much greater than making a few huge improvements in a small portion of the population.
That being said, situations do exist where at-risk determinants of health may be concentrated to such a degree in specific sub-populations or groups that it becomes efficient to commit resources to those groups. To determine when that situation exists is a matter of judgement and balance.

**The Importance of Prevention versus Treatment**

Public health and medical care (hospitals and clinics, etc.) have complementary roles in sustaining the health of the population. The role of public health is to prevent (or reduce/contain) the incidence of health problems in the first place. The role of medical care is to treat individuals who, despite possible prevention measures, have developed health problems. Prevention and treatment are both required, but generally, prevention is the more effective and less expensive of the two, on a population health basis. In fact, without public health action to deal with issues such as obesity, diabetes, and the prevention of chronic diseases, the resulting treatment costs would quickly overwhelm the rest of the health-care system.

**Restrictions on Individuals versus Obtaining a Public Benefit**

The levers used by public health to achieve its goals are societal levers: legislation, regulation, policy, taxation, funding, etc. The intent of these actions is to improve the overall health status of the population, in other words, to obtain a public benefit. However, in obtaining the public benefit, the regulations typically impose limits on the freedom of action of individuals. For the public to respect the work of public health, it is important that there be a proper balance between the imposition of restrictions on individual choice, on the one hand, and the public benefit of obtaining improved health status for the population, on the other hand.

**The Goals of Peel Public Health**

1. The enhancement of the health status of the population
2. The reduction of disparities in health status among individuals/groups within that population
3. The preparation for and response to outbreaks and emergencies
4. Enhancing the sustainability of the health-care system

**The Functions of Public Health.**

Peel Public Health has adopted the six functions set out by the Federal / Provincial / Territorial Advisory Committee on Public Health.

1. Health surveillance
2. Population health assessment
3. Disease and injury prevention
4. Health protection
5. Health promotion

**The Way We Will Operate: Infrastructure Priorities**

The infrastructure priorities in the Strategic Plan set out our approach to service delivery and the internal initiatives that we will be undertaking over the next 10 years to support our staff and adopt the Public Health Way of doing business.

**A. Developing our workforce**

We are now, and we intend to remain, one of the leading public health units in Canada – the kind of unit where:

- our workforce has the competencies necessary to be optimally effective in the positions that they currently hold;
- we provide each employee with opportunities to progress along a chosen career path; and
our workforce maintains and enhances its skills through continuing professional development and mentoring.

“To lead the way.” People aspire to be associated with organizations that are the leaders or which are striving to be the best. The members of these organizations, by the fact of their membership, gain in professional stature, reputation and feelings of self-worth.

Being a leading public health unit will give us a competitive advantage in recruiting, retaining and motivating our workforce. This vision gives potential employees an extra reason to work for us rather than another organization. It is a reason for existing employees to stay and give their best. To be a leading public health unit, then, we will require employees who are skilled, trained and fully capable of fulfilling their current positions. We will also require employees who are engaged in continuous learning to build the skills to move into management or specialist roles and/or to expand their professional expertise for their current roles.

B. Making evidence-informed decisions

We will become a leader in the application of the evidence-informed decision making process (EIDM) to improve the practice of public health. EIDM is a process of bringing research evidence into practice decisions, not as the only consideration, but rather as an important basis for decisions.

EIDM processes are transparent and, as such, enhance accountability and, in some cases, may also help us make better use of our resources.

C. Measuring performance

Effectiveness and efficiency are important elements of the Public Health Way. An integrated Performance Measurement (PM) system is a means to assess how well we have managed our resources and internal procedures, not just on the basis of inputs into programs but also on the outcomes achieved.

With the PM system, we will be able to:

• provide managers with the information they need to make adjustments to programs,
• assess the effectiveness of our programs and services, and
• demonstrate that we have managed our resources wisely.

D. Enhancing external / internal communications

For external communications to residents, businesses and our partners in the health-care system in Peel, our goals are to increase awareness and knowledge of public health issues, to inform others of the role of Peel Public Health, and to build our credibility as a respected authority on matters of public health. We will communicate in a co-ordinated, strategic, culturally sensitive manner congruent with the Region’s overall values and vision. We will have a proactive and consistent approach for advising the corporate departments and Regional Council on public health issues and the actions that we have taken. We will seek to involve councillors in specific projects of special interest to them.

We will communicate with our workforce in support of our efforts to be among the leading public health units in Canada. The goal is to create an understanding of and appreciation for the Public Health Way and the priorities
contained in this plan, and to enable our staff to be knowledgeable ambassadors for public health in the community.

**E. Serving an ethno-culturally diverse community**

Our staff will be sensitive to the public health needs of all segments of our region’s diverse population. Our programs will be barrier-free and accessible to all ethno-culturally diverse groups within Peel. All ethno-cultural groups in Peel will value public health programs and will use the full range of such services. Our aim is for all ethno-cultural groups in Peel to achieve improved health status.

**Areas for Special Attention: Program Priorities**

We have selected four specific health issues as program priorities for the 10-year period of the Strategic Plan. By achieving results in these four areas, we believe that we will significantly alter the trajectory of the health status of Peel’s population for the better. However, the particular attention on these four programming areas will not change our commitment to existing programs. Our existing programs will continue to represent the majority of our activities.

**A. Nurturing the next generation**

Positive parenting promotes a healthy adulthood for children. The parent/child relationship established during the early years continues to influence children’s behaviour and capabilities throughout their lives. Many chronic conditions, such as obesity, diabetes, cardiovascular disease, anxiety and depression, can be prevented or mitigated by interventions during preconception, prenatal and the early childhood years.

Our goal is to optimize early child development for Peel families by providing the education and support needed to ensure that expectant mothers are healthy before and during pregnancy, that the birth outcomes are positive, and that the attachment relationship between parent and child has been firmly established during the first year of life.

By improving child development outcomes, we are working towards achieving three goals of public health: improving the health status of the population, reducing the disparities in health status and enhancing the sustainability of our health care system. As a result of this program priority, the children will have better long-term health outcomes, better coping strategies and life-long resilience.

**B. Living tobacco-free**

Smoking remains the single largest preventable cause of disease and premature death and must continue to be a major focus of our work. It is responsible for 30% of all cancer deaths and smokers have a 70% greater chance of dying from coronary heart disease than non-smokers. This program priority will set out and implement new strategies for the prevention and cessation of smoking, and for the protection of others from the effects of second-hand smoke.
Our goal is to reduce smoking among adults and youth. Specifically, by 2020, we will aim to:

- Reduce the prevalence of smoking in Peel from the current level of 19% of the population to 15%;
- Reduce the prevalence of youth smoking from the current levels of 12% for males and 10% for females to 7%.

To achieve these goals, our interventions will focus on the remaining adult smokers in Peel, the prevention of exposure to second-hand smoke, and efforts to prevent youth from starting to smoke.

C. Supportive environments, healthy weight

The Comprehensive Health Status Report indicates that the prevalence of childhood and adult obesity is increasing in Canada. Obesity is a risk factor for several diseases and conditions, including type II diabetes and cardiovascular disease. It also places a significant financial burden on the health-care system. We will undertake population-based initiatives in the fight against obesity.

We will improve the health of Peel residents by preventing and reducing the incidence of obesity. We will consider the effect of our built environment (and the food environment) in the development of our anti-obesity strategy.

Our strategy will also address the unique risks of specific sub-populations within Peel. South Asians, for example, have a predisposition for a metabolic syndrome which puts them at increased risk for obesity, heart disease, renal disease and diabetes.

D. Surveillance: data for action

Surveillance is defined as: “Systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken” (Last, 2001). The implementation of this program priority will increase our ability to detect early warning signs of potential threats. It will enable us to transform data into useful information on which to base public health decision-making and actions. It will enable us to respond quickly to impending public health threats (e.g., influenza pandemic, enteric diseases, measles outbreaks) and to better control the transmission of infectious diseases.

Our goal is to become one of Canada’s leading public health units in the area of public health surveillance. While we currently have data collection processes in place, we will enhance our capacity to analyse and interpret that data and speed up the dissemination of the resulting information to the public health action decision-makers. This, in turn, will enable us to respond more effectively to future public health challenges and emergency situations.

Conclusion

The business of public health has tremendous breadth – we have a long list of programs and services to deliver. Our challenge is to discharge these many responsibilities while at the same time ensuring that we identify the most important issues and intervene with sufficient intensity to make a real difference.

We are urging all our employees, volunteers, the community and our partner organizations in the health-care system to join with us in embedding The Public Health Way and our Infrastructure and Program Priorities into our daily operations. By doing so, you will be helping to make Peel Public Health a Canadian leader and achieve the Region of Peel’s vision of being a healthy, vibrant and safe community that values its diversity and quality of life.