



2009–19

staying ahead
of the Curve

Peel Public Health's
10-Year Strategic Plan



a healthy, vibrant and safe
community



Dr. David L. Mowat

MESSAGE FROM THE MEDICAL OFFICER OF HEALTH

I am pleased to present our 10-year strategic plan. The plan sets the course for our future and looks at the scope of our work, our role in the health of our community and the steps we will take to achieve our shared vision of a healthy, vibrant and safe community.

With a growing population it is increasingly important that we focus our attention on factors we can influence and change, and which have the most impact on the health and well-being of our community.

I want to thank staff from each division of Peel Public Health for their vital participation in identifying the priorities outlined in this plan.

I encourage you to read through the plan and make your own connections to it, as you will play a key role in realizing the plan and building on our successes.

A handwritten signature in black ink that reads "David L. Mowat". The signature is written in a cursive style with a large initial 'D'.

table of contents

executive summary	1
I. introduction	9
Why a Strategic Plan?	10
Vision, Mission, Values	12
Our Planning Context	12
II. the public health way	14
The Roots of Public Health	15
Contemporary Public Health	15
The “Public” in Public Health	16
The Goals of Public Health	16
The Functions of Public Health	17
Some Constraints on Public Health	18
Population vs. Individual Health Strategies.....	19
The Scope of Public Health	20
Other Important Elements of the Public Health Way	20
III. infrastructure priorities	22
A. Developing Our Workforce	23
B. Making Evidence-Informed Decisions	26
C. Measuring Performance	28
D. Enhancing External / Internal Communications	29
E. Serving an Ethno-Culturally Diverse Community	30
IV. program priorities	32
A. Nurturing the Next Generation	34
B. Living Tobacco-Free	37
C. Supportive Environments, Health Weight	39
D. Surveillance: Data for Action	42
V. conclusion	44



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

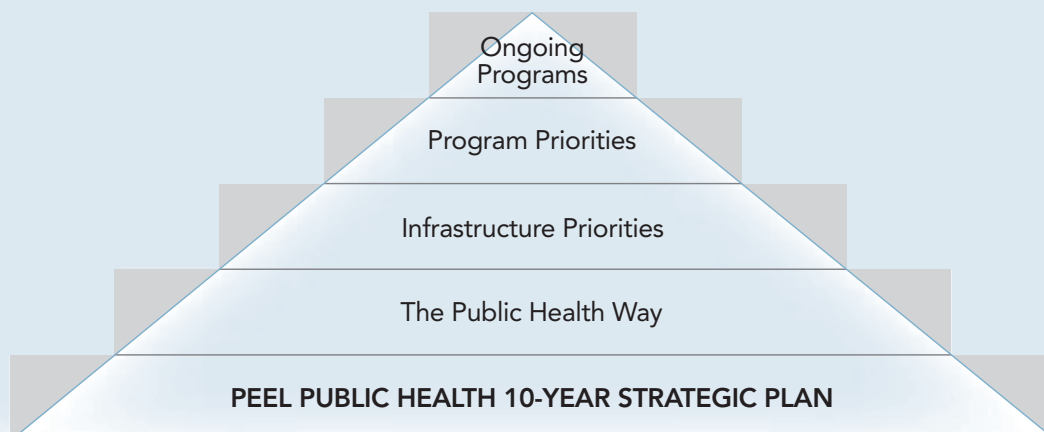
Integrity

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.

A healthy, vibrant and safe community that values its diversity and quality of life



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.

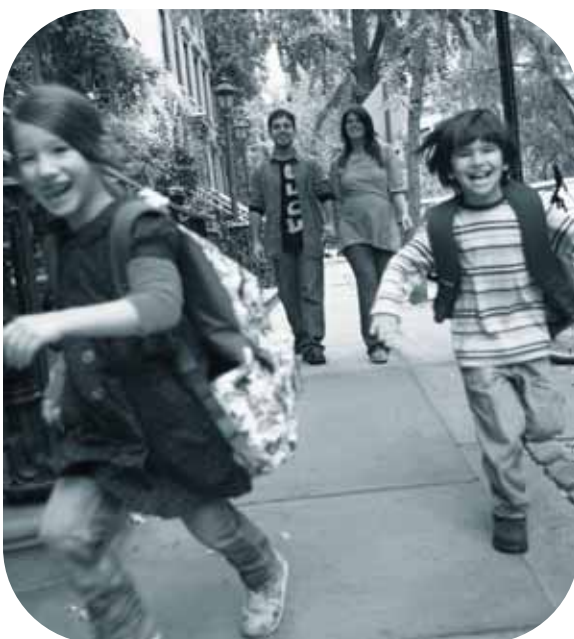
Public Health is not formally part of this system, but must engage with it.

- 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
6. Emergency preparedness and response.

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 also increases accountability and transparency in decision-making. By being clear about the basis for our decisions (and the strength of the evidence), we create the foundation for the future evaluation of the effect of the decisions. In order to obtain the evidence that we may need to address specific issues, we will encourage the Ontario and Canadian academic and research communities to conduct public health research, and we will enter into partnerships with them.

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.



I. introduction

Why a Strategic Plan?

Vision, Mission, Values

Our Planning Context

Why a Strategic Plan?

Peel Public Health has a big job to do. We must discharge a number of significant regulatory responsibilities. It is our mandate to provide a wide spectrum of programs and services, and we have a broad responsibility for the health of a population of 1.2 million people. We must do this with resources that are modest in comparison with those of most other health units, on a per capita basis. Furthermore, over the next 10 years, we will be required to adapt to any number of changes to the environment.

These circumstances dictate that we should pause from time to time to review our capacity and our program priorities. This, essentially, is what the strategic plan is about. It does not imply that things are not going well at present – indeed, Peel Public Health is strong and we are recognized as a leader among health units.

The strategic plan is intended to be our guide for the next 10 years. This may seem long but is appropriate when one considers the magnitude of the issues we will be tackling. It does not mean that everything will be static for 10 years. We will continue to innovate and respond to changing needs. Our purpose is to provide a clear picture of our future direction for our employees, volunteers, the Regional Council, our health-care service partners, and the residents of Peel.

Over the years the Peel Public Health unit has grown, our staff has become more skilled and more specialized in their areas of expertise. The science of public health has expanded. There are now better ways of obtaining evidence, evaluating its significance and measuring performance. New and more effective programs have been introduced. We are however challenged by a growing population with more diverse and complex needs; by funding which lags behind the growth in our Region's

population; and by new and growing threats to the health of our residents.

Over the next 10 years, if we at Peel Public Health are to succeed, we must focus our efforts on those programs where we can be most effective. Some of our current programs do not meet these criteria. In the past, and in response to constant pressure to do more, we have become involved in some activities for which the primary responsibility more properly belongs to other agencies. As a result, overlaps now exist for some services. These overlaps tend to dilute accountability and obscure our mandate. We are now at the stage where we must look again at our priorities.

The need to establish priorities is not new nor does it ever go away. In a Region of Peel health strategy document¹ written in 1982, we read:

Public health cannot afford to be all things to all people. To be effective, programs must be directed to the areas of greatest need and where the greatest effect can be achieved. In assessing health issues and planning its participation in health, the Region should adopt a strategic process which clearly defines the Regional interest...which establishes principles and goals; which then identifies needs, underlying issues and target populations, develops specific objectives and policies to guide program design and delivery, and finally evaluates policies and programs against the Region's defined interest.

The report continues:

There must be a new focus on solid research and planning in preventive health, and on developing the means of targeting and evaluating programs. We believe that we must now direct significant attention in terms of data collection, assessing evidence, analysis, planning and properly-resourced interventions – towards the priority issues.

¹ An Ounce of Prevention...A Health Strategy for Peel. Region of Peel, September, 1982. This document provided the background and reasons for incorporating the Health unit into the Regional structure.

Of course, public health has come a long way since this report; but we can see in its reflections upon the role of public health, issues which are just as relevant today and just as much a focus of this strategic plan.

Some Things to Bear in Mind when Reading this Plan:

- We are not trying to fix something that is broken. Peel Public Health is a strong and capable organization. It is recognized as a leading health unit. Nevertheless, in the spirit of continuous improvement, we know that we can be even more effective.
- This plan is about strategic directions, not about the organizational structure of Peel Public Health. Incremental changes in organizational structure will continue to occur from time to time but no wholesale changes are contemplated.
- The plan supports and incorporates the spirit of the Region of Peel's Common Purpose; namely employee engagement, customer satisfaction, trust, and confidence.
- The plan does not touch upon everything we do. Instead, in the plan, we identify the needs that we consider to be the greatest and the programs that will have priority in meeting those needs. This by no means implies that other programs or functions are unimportant. Our regular work will continue "full speed ahead."

As well, we will continue to manage our internal operations effectively. This includes our focus on the standard practices of good management, our financial processes, Council relations, support services, program planning and evaluation, performance appraisal, staff recognition, information management / information technology (IM/IT), records management, program policies, and so on.

- The plan has a 10-year time horizon. Of course, there will be changes in our environment, and new needs will arise over that time span. That is why the plan only sets

out directions and detailed plans of action will be worked out annually. Likewise, the plan does not imply that the infrastructure and program priorities are completely new and that no work has been done on them in the past. The plan can be considered a picture of Peel Public Health at this moment in time, together with a general direction for the future.

- As part of the Region of Peel and of the Health Services Department we participate in planning at the corporate and departmental levels. These activities include the BEST survey, the Health Services Support Services Review, IM/IT planning, and others.
- We have partner organizations and many individual volunteers who work with us to achieve our mission. We recognize and thank them for their contribution. Our partner organizations include: the Ontario Ministry of Health and Long-Term Care, the Ministry of Health Promotion, the Ministry of Children and Youth, the corporate departments of the Region of Peel, e-Health Ontario, the newly formed Ontario Agency for Health Protection and Promotion (OAHPP), and others. We work on projects and committees with our partner organizations – in some cases as a leader, and in other cases, as an active participant. In yet other cases, we participate simply on a "watching brief" basis.



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. Some of these are discussed in the “Public Health Way” section. 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

Our Planning Context

Over the next ten 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.

The environment in which we operate, and which we took into account in developing the plan, includes:

The Region

- The Region of Peel has a large population – currently 1.2 million people.
- It is growing rapidly – a 17.2% total increase from 2001 to 2006 – and it is expected to grow by 2% per year for the next ten years.
- It has a large immigrant population – nearly half the population was born outside of Canada.
- One-half of the Peel population self-identifies as a member of a visible minority.
- The population is slightly healthier, better educated and younger than Ontario as a whole.
- Family income levels are similar to the provincial average, with a relatively narrow spread.
- Lone-parent families constitute an increasing percentage of the total number of families in the region.
- The Region of Peel is debt-free, but it faces the challenge of managing the growth of the population and services within the resources available from its taxpayers and the province.
- The volunteer sector makes a significant contribution to civil society in Peel –

however, volunteer groups have less capacity than in more established communities.

Peel Public Health

- We are one of the components of the Peel Health Services group. Long-Term Care, Paramedics Services, and Internal Client Services are the others.
- The Regional Council, as a whole, serves as the Board of Health – our governing body.
- 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.)
- 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.
- We are one of the largest public health units in Canada. We employ more than 700 people, representing some 600 full-time equivalents.
- Our large size allows us to provide a wide range of specialized services – the challenge is to reach all of the populations in need with the resources available to us.
- 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 expect that fiscal restraints on overall government spending, at least in the near term, will constrain the growth of our future funding.

Health Care

- 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.
- All elements of the health-care system in Peel are faced with the challenges presented by the rapid growth of the population.

Current Developments

- 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 amenable 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.



II. the public health way

The Roots of Public Health

Contemporary Public Health

The "Public" in Public Health

The Goals of Public Health

The Functions of Public Health

Some Constraints on Public Health

Population vs. Individual Health Strategies

The Scope of Public Health

Other Important Elements of the Public Health Way

The Public Health Way is the title that we give to the philosophy by which we operate as a public health unit. The Public Health Way sets out how we see the world, the nature of our business and why we practice in the way we do.

The Roots of Public Health

“Public health” is often confused in the mind of the public with publicly funded health care. They are not the same. Public health actually predates publicly funded health care by many centuries. From the beginning of recorded history, there have been instructions about measures, (usually to do with hygiene and diet) to prevent ill health. Early civilizations recognized that there was a need to take collective action to safeguard the health of all, particularly against contagion. Elementary measures, such as those concerning the disposal of waste, quarantine, and, later, vaccination against smallpox, were introduced hundreds of years ago.

Additionally, public health has long concerned itself with health issues ranging far beyond the prevention of infectious diseases. Occupational hazards, scurvy, nasal cancer, scrotal cancer, and lead poisoning are examples of non-infectious diseases which were tackled long ago in classic public health fashion – establishing the cause and taking action, often through policies, to reduce the risks.

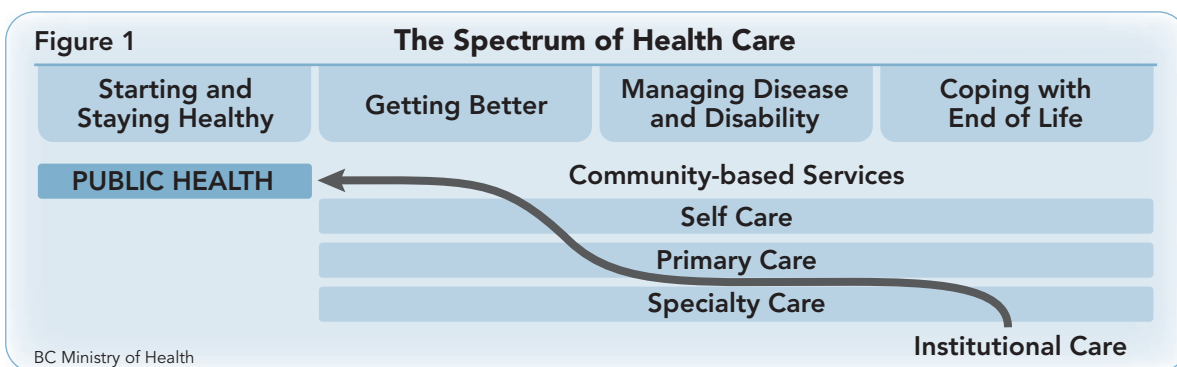
The use of data has long characterized public health – registration of births and deaths, analysis of mortality patterns, the census, and epidemiological investigations have all been in use for over one hundred years.

The events which led to the establishment of a system resembling public health as we know it today occurred in the nineteenth century, when rapid population increase and migration to cities resulted in squalor and disease. The response was the Sanitary Movement, whose efforts led to the provision of clean water, pure food, proper disposal of waste, and improved housing. With this came the beginnings of the interest in the causes of disease and the determinants of health.

Today, this work continues. We still struggle to measure health, to find causes and to take or urge preventive action against infectious and non-infectious diseases and injuries. But we should not forget that, by any measure, our health has improved greatly over the centuries, and this improvement can be largely attributed to the successes of public health.

Contemporary Public Health

Figure 1 shows that, in the context of today’s thinking, health care deals simultaneously with how health and disease develop over time, especially as we age, and also in terms of the type of health service needed. A strong and effective health-care system must achieve a balance, rather than over-emphasizing acute restorative care. Public health deals with prevention – the “Starting and Staying Healthy” box shown on the model below. A sustainable system must increasingly direct its resources towards prevention in the community – upward to the left in the diagram.



As shown in the model, public health is a part of the health-care system – it is not the entire system. We have our own role, which we must understand and communicate. In some places in the past, before the advent of publicly-funded health care, public health included curative and supportive care for the indigent. This is still the case today in the United States. In Canada, this is no longer an appropriate role for public health.



The “Public” in Public Health

What is the meaning of the “public” in public health? Firstly, public health is what economists would term a public good. All members of the community share the benefits and costs, just as they do for policing or environmental protection. The costs cannot be charged to individuals based on use.

Secondly, society has an interest in good health for all. Indeed, the origins of insurance systems for health care in the late nineteenth and early twentieth centuries were in response to a perceived need to ensure a healthy population for economic advancement and military service. Today, there is a consensus that safeguarding and promoting health produces benefits for all of society.

The levers used by public health to achieve its goals are societal levers – legislation, regulation, policy, taxation, funding, etc. Public health has therefore come to be associated mainly, though not exclusively, with government. It follows that public health must be publicly accountable – for its services, its results, the restrictions it places on individuals, and its use of public funds. Decisions must be based both upon the best scientific evidence available, and the priorities and values of the population served. Doing nothing is also a policy decision – both action and inaction require justification.

The effectiveness of our work depends heavily upon securing and maintaining the public’s trust. This, in turn, necessitates clear communications, transparency, reliability, and responsiveness in delivering services, consultation, scientific credibility and the proper handling of confidential information. In addition, as public servants, we are called upon to act in the public interest only, to avoid conflicts of interest, to treat all with fairness and civility, and to act in a politically neutral fashion.

The Goals of Public Health

The first step in understanding the nature and role of public health is to consider its goals. At Peel Public Health, we concentrate on the four goals described here:

1. The improvement and maintenance of the health status of the population.

The health status of the population is represented by a number of well-accepted measures of disease, its precursors, consequences and burdens. This is the main measure of the effectiveness of public health activity. From this, it follows that we must measure health status and track its changes over time in order to determine needs and to evaluate programs.

A measure of health status, however, is only part of the story – we must also strive for:

2. The reduction of disparities in health status.

This goal reflects the recognition that an average health status does not show the degree of variability of the health status of the individuals and/or groups who comprise the population. Some have a lesser portion of good health than others. It is fit and proper that our goals include a reduction in the gap between the less advantaged and the majority.

Balancing these two goals is a complex challenge. For example, many health promotion interventions are initially more effective in the higher-income and better-educated portion of the population. Thus, although the health status of the population may improve, disparities may actually increase.

3. Preparation for and response to outbreaks and emergencies.

This goal represents a role that is well known to the public. People expect that public health officials will deal with outbreaks of infectious disease and the health consequences of natural and man-made disasters. Rapid and effective responses to such incidents, in addition to preventing disease and death, serve to build trust and confidence in public health.

4. Enhancing the sustainability of the health-care system.

Public health and medical care have complementary roles, but without adequate attention to public health, especially in its role of preventing (or delaying the onset of) chronic diseases, the rest of the system has little hope of coping.

The relationship between public health and the medical care part of the health-care system requires conscious management. We each have our own roles to play but we often work together, for example in the control of communicable diseases. Family doctors, in particular, are important partners in reaching

the public. It is not our role, however, to respond to every “gap” in the health-care system or to drift away from our public health mandate.

The Functions of Public Health

In order to achieve its goals, public health engages in a number of “functions”, or ways of working. There is no universally accepted list of functions, but the six laid out by the Federal/Provincial/Territorial Advisory Committee on Population Health are widely used.

1. Health Surveillance.

Health surveillance enables the early recognition of outbreaks, disease trends, and cases of illness. Early detection, in turn, allows for early intervention. Surveillance also assists in our understanding of the impacts of specific programs to improve health and reduce the impact of disease.

2. Population Health Assessment.

Population health assessments allow us to understand the health of populations, the factors which underlie good health and those which create health risks. These assessments can be used to establish priorities and lead to better services and policies.

3. Disease and Injury Prevention.

Many illnesses can either be prevented or delayed and injuries can be avoided. This category of activity also includes investigation, contact tracing and preventive measures targeted at reducing risks of outbreaks of infectious disease. This function overlaps with health promotion, especially in regard to educational programs targeting safer and healthier lifestyles.

4. Health Protection.

This is a long-standing core function for all public health systems. The assurance of safe food and water, the regulatory

framework for the control of infectious diseases, and protection from environmental threats are essential to the public health mandate and form much of the body of current public health legislation worldwide.

5. Health Promotion.

Public health practitioners work with individuals, agencies, and communities to understand and improve health through health-related public policies, community-based interventions, and public participation. Health promotion contributes to and shades into disease prevention by fostering healthier and safer behaviours. Comprehensive approaches to health promotion may involve community development or policy advocacy and action regarding the environmental and socio-economic determinants of health and illness.

6. Emergency Preparedness and Response

Public health plays a role in controlling threats to health emanating from natural disasters, man-made disasters (e.g. toxic spills, terrorism), contamination of food or water or outbreaks of communicable disease.



Some Constraints on Public Health

Having considered the positive actions available to public health to achieve its goals, we must pause to consider whether there are, or should be, any constraints on these activities.

One very obvious constraint is the ethical principle of individual autonomy. Some public health interventions consist of services that individuals willingly consent to on their own accord. In contrast, other interventions are intended to limit freedom of action. In the argot of the business, these are called “choice-directing interventions.” One increasingly hears criticism of the more expansive choice-directing interventions, using terms such as “nanny state”, “health imperialism” or “social engineering.”

In the process of promoting the health of the population, it is important that there be a judicious balance between the restriction of individual choice on the one hand and individual autonomy on the other.

- There is more justification for prohibiting or restricting activities when those activities may affect the health of others. In this group would be:
 - control of environmental tobacco smoke;
 - reducing ill health related to food and consumer products and to conditions of the physical and built environment;
 - protecting the health of children and other vulnerable people; and
 - providing opportunities to lead a healthier life.
- The aim should be to achieve a balance between individual autonomy and the public good which is reasonable and proportionate and which avoids unnecessarily intrusive measures.
- Measures to limit the freedom of action of individuals should be legitimized by consulting those potentially affected and through democratic governance.

There are a number of actions – without resorting to the outright elimination of choice – that we can take to guide and facilitate healthy choices. These actions include, for example, providing information, incentives and disincentives, restricting unsafe products, and changing social and physical environments.

For the most part, people should be free to choose their own course. However, we must also take into consideration that people do not always make their choices based on complete information, full attention, or self-control. Furthermore, in the real world, many choices are already influenced by the environment and the actions of others. Thus, the opposite of a “choice-directing public intervention” is not “influence-free decision-making.” In reality, the opposite is decision-making influenced by other factors, such as advertising, design elements and commercial interests, not all of which will be health promoting.

Population vs. Individual Health Strategies

If the goal is to increase the overall health status of a population (as it is for public health units), then, health strategies that achieve a reduction (even a small one) in the risk factors for a vast number of people will have a much more telling effect than strategies that produce a great reduction of risk but for only a few specific individuals. Thus, population-based health strategies are properly the focus of public health units such as Peel Public Health.

Both approaches are necessary in a comprehensive health-care environment. The population approach of public health and the individualized approach of clinical prevention are thus complementary. The opportunities for each vary according to the specific disease, the risk factors and the types of interventions that are available. What is important is to find the right balance.

In addition to medically identifiable risk factors, other factors (social, economic,

political and environmental – natural and man-made) further shape the health of populations and individuals. These factors interact with each other and with innate individual traits such as genetics, sex, and age. They become what we call the “**determinants of health.**” Determinants of health are different from risk factors in that the determinants are more fundamental – the “causes of the causes.”

The more that researchers learn about the complex webs of causation that influence health-related behaviours and health status, the stronger the evidence becomes that population-based health strategies represent the best approach for public health units. These include regulation, education, community development and social policy.

Although the population approach is often the most effective and efficient, it is not always possible to direct interventions towards the entire population. Sometimes the known determinants or risk factors do not account for a great deal of disease incidence (e.g. breast cancer), and we must rely upon clinical preventive approaches (e.g. screening.)

One can envision a hierarchy of interventions, in descending order from population-based to individual:

- General population
- Sub-populations (e.g. by ethnicity, socio-economic status, interests, etc.)
- Site-specific (e.g. workplace, schools)
- Families and individuals

When working at any one level, it is helpful to consider other interventions further up the hierarchy. In some cases, such as the anti-smoking programs, the best approach will be to use several interventions simultaneously. With respect to obesity, for example, interventions might range from using mass media campaigns, through influencing the production and distribution of foodstuffs, to helping family physicians educate their patients about diet.

The Scope of Public Health

The scope of public health consists of primary prevention and other areas where the population-based approach is most appropriate.

In Quebec, this priority is set out in the provincial public health legislation:

“Public health actions must be directed at protecting, maintaining or enhancing the health status and wellbeing of the general population and shall not focus on individuals except insofar as such actions are taken for the benefit of the community as a whole or a group of individuals.”²

In Ontario, this emphasis is reflected in the Public Health Standards.

But within the range of possibilities presented by the mandate of prevention, should we be tackling “narrow” or “broad” issues? Is it our job only to provide services and enforce regulations, for example, or should we be addressing larger environmental issues? The larger issues seldom fall exclusively within the health domain. They more typically also involve social services, education and other sectors. In making these types of determinations, we are properly guided by such questions as what is the evidence that supports the need, do we have the requisite skills and what can we reasonably hope to accomplish? The answers will help us decide whether to be a “doer”, a leader, a partner or an observer.

Similarly, the question of how much to direct programs towards the general population and how much towards specific disadvantaged or high-risk groups has no simple answer. One interesting example is tobacco smoking. Total

population approaches have achieved impressive results, but smoking is now heavily concentrated among identifiable groups, and it may be time to reallocate some of our resources to those groups.

Other Important Elements of the Public Health Way

Innovation

We are an innovative and creative group. This capacity has enabled us to improve our performance and to expand our reach. It helps us attract and retain the best employees. We are determined to stay on the cutting edge by introducing new ideas and methods based on evidence that has stood the test of intellectually rigorous evaluation.

Evidence-based practice

In public health, we have the privilege and responsibility of consuming resources provided from the public purse, and we exercise the power of limiting the freedom of action of others. We are obligated to use these resources and powers in ways that maximize the well-being of the public. The decisions we make must be guided by the rational use of the best evidence available.

The effective use of evidence requires that we have access to useable and relevant knowledge (published research and evaluations of our own programs), the skills to properly evaluate it and the insight to know how to translate the knowledge into improving our programs and practices.

Contributing to the wider public health community

We have a history of participating in activities that have helped to strengthen and develop public health provincially, nationally

²Public Health Act R.S.Q., 2001 c60, s5

and internationally. We recognize that this also provides benefits which flow back to us through developing skills, gaining experience, influencing policies, helping to recruit staff, and assuring the future of public health. We also recognize that Peel Public Health will be most effective within a system of strong public health organizations at all levels and in all locations.

We intend to continue these activities in the future. We are also considering participation in public health committees and work groups, presenting at conferences, publishing papers, teaching at post-secondary institutions, mentoring students, and participating in research.

Partnerships

While we have some powers to act on our own to protect the health of the residents of Peel, our interventions are typically more effective when we act in partnership with other agencies, institutions, community groups, governments, and others. We will continue to work with others in ways that most effectively use our public health resources and achieve the best outcomes for the Region of Peel.



Continuous Quality Improvement

We have a long tradition of using data to understand health issues and to assess the success of our interventions. However, there is more that we can do. We progress by constantly challenging our current beliefs and practices. We evaluate to determine the worth of what we do. Our aim is to continually improve the effectiveness of our programs and services.

Skills

Our workforce is highly skilled, and many are members of regulated health professions. We accept the responsibility to maintain and enhance the skills of our people. We value the act of sharing knowledge with others and helping others develop additional skills.

Focusing On Priorities

We face large and complex problems every day. Dealing with these problems requires significant resources and sustained effort. At the same time, new issues arise that command our attention. There is pressure to expand our activities into areas outside our core mandate. To do so, however, would limit our capacity to make a real difference in the most important health issues.

We cannot do everything, but must choose those issues which are both important (in terms of the impact on health status) and feasible, and then apply sufficient resources to have a real impact. This requires measurement and investigation of health issues, the involvement of the public and stakeholders, and continuing evaluation of effectiveness.

This is a **proactive** process: our planning will be driven by **need**, not just demand. We should also strive not just to deliver programs and services, but to solve problems in ways which are long-term and **sustainable**.



III. infrastructure priorities

Developing Our Workforce

Making Evidence-Informed Decisions

Measuring Performance

Enhancing External / Internal Communications

Serving an Ethno-Culturally Diverse Community

In this section of the plan, we set out our infrastructure priorities, that is, our approach to service delivery and the internal initiatives that we will be undertaking over the next ten years to support our staff and adopt the Public Health Way of doing business.

We call them “infrastructure priorities” to emphasize their essential nature. Indeed, some of these same priorities are noted in the “foundational standards” of the Ontario Public Health Standards. If our staff are not well supported and well trained, we cannot meet our program goals.

To this end, we have established five **infrastructure priorities**. They are:

INFRASTRUCTURE PRIORITIES

- Developing Our Workforce
- Making Evidence-Informed Decisions
- Measuring Performance
- Enhancing External / Internal Communications
- Serving an Ethno-Culturally Diverse Community

A. Developing Our Workforce

In order to be a leading public health unit and to meet the specific needs of the Region of Peel, we require a workforce that is professionally competent, highly motivated, multilingual and culturally sensitive to the needs of many ethnic groups. To assemble and manage such a workforce in a cost effective manner, we require the best possible human resources development and planning capacity.

VISION

We are now, and we intend 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.

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.

Context

We operate in a very competitive labour market. There is a national shortage of skilled health practitioners. The shortage will be exacerbated over the next few years by a bulge in the retirement rate of existing employees and an inadequate number of new labour market entrants graduating from the health training institutions. This will lead to increased competition for qualified practitioners.

Peel has a large and diverse immigrant population. To reach and effectively serve these various communities, we must attract

and hire people who are culturally sensitive to and can communicate with these groups.

To be a leading public health unit, 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.

The following are examples of the types of opportunities for learning that are possible for our workforce. Employees may:

- Continually deepen and widen their skills and serve the community using the best available evidence and practices.
- Enhance their skills by taking on-line courses as part of employer-supported training.
- Take advantage of learning opportunities by working for a period of time elsewhere in Public Health, Health Services, or the Region of Peel.
- Take leaves of absence for periods of time to work in other organizations and return with new skills and a broadened perspective.
- Work part-time while completing a Masters of Public Health degree.
- Routinely participate in continuing professional development.
- Participate in the setting of research objectives and curriculum content at our partner universities and colleges.

Framework

As a framework for setting out each employee's development goals and activities, we look at each employee's career trajectory from both a cross-sectional and a longitudinal point of view.

The Cross-Sectional View

This view looks at employees doing their currently assigned jobs. Our employees must

have the skills, knowledge and attitudes relevant to their particular role in the organization. Because our work environment is dynamic and the body of public health knowledge changes over time, our employees must have access to and take advantage of professional development programs so that they can continue to do the best job possible.

The Longitudinal View

In the longitudinal view, we look at career development, key role replacement, succession planning and the anticipated changes in roles and functions over time. Within Peel Public Health "career advancement" has two paths; the traditional promotion-up-the-management-ladder path and the job-enrichment path. In the job-enrichment path, employees are rewarded for increasing their professional knowledge, skills and experience and, thus, their ability to perform their existing functions. We need to develop the managers of tomorrow; however, this is not a desired role for everyone. As professionals, our staff need opportunities to grow and enrich their skills whatever their role. Our support staff also need similar opportunities.

We recognize that this infrastructure priority lies within a broader context comprised of several partners:

- Corporate Human Resources at the Region of Peel;
- Federal initiatives which endeavour to build the public health workforce, such as the Public Health Agency of Canada's (PHAC) "Skills Enhancement for Public Health" initiative; and
- Provincial agencies, such as the Ontario Agency for Health Protection and Promotion (OAHPP), with its mandate to support public health professional development and training.

We will co-ordinate our efforts with our partner organizations where we have common activities and strategies. In particular, we will

work closely with Corporate Human Resources as it delivers foundational HR programs and services to our unit. We will use the resources of our partners where we can and we will create specific programs when needed to suit the particular and specialized needs of our public health human resources. By doing so, we will make the best use of our resources while ensuring that our people are able to embrace, support and sustain the Public Health Way.



Some Initial Steps to Achieving the Vision

1. Create and staff a new position responsible for implementing the Developing Our Workforce infrastructure priority.
2. Work Force and Labour Market Assessment
 - Take an inventory of the current positions, competencies, professional skills, language capability, demographics and employment statistics within the Peel Public Health.
 - Research the current and expected future state of the labour market for public health workers.
3. Needs Assessment and Gap Analysis of Job Functions and Processes
 - Assess the competencies needed for each position, discipline and program in Peel Public Health, now and into the foreseeable future.
 - Analyse the gaps between the current situation (See #2 above) and the results

of the needs assessment.

- Use the results of the gap analysis to shape the continuing education and recruiting plans and to improve the business and service delivery processes.

4. Continuing Education

- Ensure that each employee has a development plan.
- Provide programs of continuing education and facilitate access to continuing professional development (CPD) programs provided by others.
- Build capacity in the Public Health Core Competencies.
- Provide development opportunities when and where feasible.
- Encourage reflective practice and mentoring.

5. Recruitment and Retention

- Promote the vision and the actions that Peel Public Health is taking to become the leading public health unit in Canada. We will make it known that Peel Public Health is the employer of choice for public health workers.
- Develop processes for recruiting the appropriate mix of new graduates and experienced practitioners with the necessary competencies.
- Develop a plan for retaining our existing workforce, in particular, those who are considering retirement.

(Note: The promotional aspect of this action is encompassed within the vision of the Enhancing External / Internal Communications infrastructure priority.)

6. University and College Relations

- Establish close working relationships and enter into memoranda of agreement with selected health science faculties of Ontario universities and community colleges with respect to assisting in

research, defining curriculum content, translating research into practice, enriching jobs within Peel Public Health and aiding recruitment.

- Further develop opportunities to provide supervised placements for students, including the promotion and facilitation of the supervisor/mentor role.
- Continue to build a relationship with the University of Toronto at Mississauga.
- Continue to offer placements for residents in community medicine.

7. Workforce Policies

- Develop and implement “best employer” workforce development policies and procedures (in partnership with Corporate Human Resources.) These would include, for example, career development / continuing education plans for each employee, annual performance evaluations, succession planning and options for late career employment.

B. Making Evidence-Informed Decisions

We have a responsibility to the residents of Peel to provide them with appropriate and effective public health services. Evidence-informed decision-making (EIDM) is a process that enhances our ability to determine which services are of most benefit to our particular population and how best to deliver them. The Ontario Public Health Standards outline the services that are to be provided by each board of health in the province. They provide the basis for our mandate. EIDM is the process that we use to tailor our mandate to the specific needs of the Region of Peel.

This infrastructure priority consists of teaching selected members of our workforce how to acquire data on public health practice decisions and benchmarking, how to evaluate that data and then how to translate the

learning into changes in the way that we conduct our business.

VISION

EIDM is a process of bringing research evidence into practice decisions, not as the only consideration, but rather as an important basis for decisions. We will become a leader in the application of the evidence-informed decision making process 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 also increases accountability and transparency in decision-making. By being clear about the basis for our decisions (and the strength of the evidence), we create the basis for the future evaluation of the effect of the decisions. In order to obtain the evidence that we may need to address specific issues, we will encourage the Ontario and Canadian academic and research communities to conduct research in those areas and we will provide field support in data collection.

In some cases, EIDM may also help us make better use of our resources. Having the ability to review and evaluate the research will enable us to change and improve services quickly.

Context

While Peel Public Health already has a history of bringing research evidence into practice decisions, our goal over the next 8 to 10 years is to enhance the EIDM process within the organization. Doing so will require overcoming obstacles, the chief of which is finding the time required to seek out and assess the research. Moreover, the lack of good research in some areas of our practice is also a significant barrier, as are the

cumbersome methods currently in place for accessing online information.

We will need to establish the nature of the evidence required to support the several different kinds of decisions made within Peel Public Health. Evidence is rarely complete or conclusive and “best practices” may not be universally accepted.

Some Initial Steps to Achieving the Vision

1. Workforce Development

- Improve the library and information search skills of our staff through training courses, increased use of information specialists and better access to online library resources.
- Improve the ability of our staff to appraise both quantitative and qualitative research through a mix of internal and external courses.
- Assess the potential of having designated “knowledge brokers” throughout the organization.
- A knowledge broker is an individual who bridges the academic and practice worlds to help health services organizations find, assess and apply research to practice questions.
- Develop structures and support systems for the staff to facilitate the integration of EIDM processes into their daily work.
- Develop the tools to be used by the specialists and supervisors in bringing evidence into practice.

2. Development of EIDM Business Processes

- Collect data on our current use of research within Peel Public Health.
- This data will be used as a baseline for comparing future performance.
- Review the scope of library services and identify potential enhancements.
- Develop processes for establishing the

nature of the evidence required to support the different kinds of decisions made by each division of Peel Public Health.

3. External EIDM Support

- Contract with external public health researchers to conduct literature reviews on topics of interest.
- Strengthen our partnerships with academics and students who are conducting public health research and seek opportunities to act as “decision-making partners.”
- Maintain and strengthen partnerships with organizations active in evidence-informed decision-making, including McMaster University, the National Collaborating Centre for Methods and Tools, the Canadian Health Services Research Foundation and the Ontario Agency for Health Protection and Promotion.

4. Partnerships to Promote Putting Evidence into Practice

- Continue to seek opportunities, especially funded projects, to work with academic partners to further an understanding of how knowledge can be synthesized, translated and exchanged.



C. Measuring Performance

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

Performance Measurement is the strategic use of measures, progress reports, standards and quality improvement processes to ensure progress towards the desired results. We envision it as a key element for enhancing the management cycle over the life of this strategic plan. Performance reporting can inform how well policies are working and identify areas for improvement, in turn contributing to a stronger, more effective and efficient public health system.

VISION

We will be able to provide to managers the information they need to make adjustments to programs.

We will be able to assess the effectiveness of our programs and services.

We will be able to demonstrate that we have managed our resources wisely.

Context

It is important for public health units to be able to report on the status of their various programs and objectives and to demonstrate how their actions affected the outcomes. When things are going well, public health is “below the radar” - the contribution is unseen. As a result, public health budgets and programs may be vulnerable. Thus, having meaningful performance measures and reporting on the results is important to maintaining the capacity of public health

units. It is also important for the public health workforce to see that their contribution is visible, valued and respected.

In order for us to be accountable, we need to be able to specify what we plan to achieve and then be able to prove whether or not we did so. However, performance measurement in a public health setting is not easy. The many factors linked to outcomes and the long lag between action and measurable outcomes make data collection and the determination of cause and effect both complex and difficult.

Program evaluation and performance measurement are related but distinct concepts. A perhaps over-simplified explanation is that performance measurement assesses the extent to which programs are performing as intended. Evaluation tends to measure outcomes and the extent to which they are attributable to the effects of the program. We have already made considerable progress in the development of program evaluation: this is a foundation upon which we can build.

Despite the difficulties, and the realization that some of the performance measurements will be open to interpretation and dispute, Peel Public Health will strive to be at the leading edge of the use of performance measurement as a tool for evaluating programs, for managing the organization and for the purposes of public accountability.

Some Initial Steps to Achieving the Vision

1. Documentation of Current Information

- Conduct an environmental scan of Performance Measurement practices in other organizations (e.g. current indicators, processes, technologies.)
- Consult the current literature on Performance Measurement within the public sector, in general, and public health, in particular, to identify opportunities.

2. Development of a Performance Measurement System

- Develop and circulate a discussion paper.
- Develop the conceptual model and guiding principles (framework) for Performance Measurement as it applies to Public Health.
- Develop criteria for selecting the performance indicators that will be measured.
- Develop indicators for the Public Health Management Team, considering the multiple demands for measures and indicators and the particular needs of Peel Public Health (Regional Performance Measurement Framework, Ontario Public Health Standards, Strategic Priorities.)
- Develop a process for Performance Measurement that can be used throughout our organization.
- Develop an implementation plan to guide the adoption of the Performance Measurement system within Peel Public Health.

3. Communication and Education around Performance Measurement

- Conduct a needs assessment to identify training requirements.
- Develop a training plan and training material as well as enhance our current Performance Measurement tool kit.
- Identify the individuals within the organization who may have key roles in Performance Measurement.

4. Revitalize Program Evaluation

- Restructure the Evaluation Committee as a committee of the Public Health Management Team.
- Use the Evaluation Committee to set evaluation priorities, review progress, and implement peer review.
- Establish evaluation processes and standards throughout all divisions.

D. Enhancing External / Internal Communications

Excellence in communication practices is vital to the achievement of the planned outcomes of the other infrastructure priorities. Each of those priorities has external and internal communications elements. The better the communications, the more successful those priorities will be.

VISION

We will be a model of excellence in our communication practices.

Our external communications audience consists of residents, businesses and our partners in the health-care delivery system within the Region of Peel. Within this audience, our goal is to increase awareness and knowledge of public health issues and to inform them of the role of Peel Public Health.

We will 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.

Context

The role of public health is, for the most part, little understood by the public. There is confusion about where public health should and should not be investing its scarce resources.

For several years now, the various sections within Peel Public Health have been developing and disseminating a wide variety of educational pieces. These were strong individual initiatives, but their impact would likely have been enhanced had they been created and disseminated within a department-wide, integrated, strategic communications framework. As a result, we have not been projecting as co-ordinated a message to the public as we otherwise could.

We believe that by establishing excellence in our communication practices, we can become more strategic and effective in our messaging, thereby improving the intended outcomes of the communications and increasing the profile of the organization. We will implement processes to increase co-ordination and planning and to evaluate the effectiveness of communication programs through performance measurement. By doing so, we will ensure that our communication campaigns and collateral materials are well executed, fiscally responsible, culturally sensitive and effective.

We also believe that by better communicating with our partners in the overall health-care system, those partners will better understand their roles and responsibilities and those of public health.

In addition, effective communication serves an important internal support role for Peel Public Health. By engaging our own workforce in helpful and efficient communications, the implementation of new programs and the attainment of goals will be facilitated.

Some Initial Steps to Achieving the Vision

1. Review our Current Communication Practices

- Conduct a review of our current communication practices, pieces, processes, channels and budgets.

2. Enhancements

- Put in place a consistent communication development process, including annual communication planning.
- Provide employees with access to and training in appropriate communications technologies and techniques.
- Establish a strategy for the use of social media/new technologies/Web 2.0.
- Consider the needs of culturally diverse communities in all our external communications.
- Continue to consider Council as a key target for communications.

6. Serving an Ethno-Culturally Diverse Community

Peel has many different cultural, ethnic and language groups, all of which should have the opportunity to become fully engaged in the public health process. We must ensure that the various groups have full access to our services and educational material. We must ensure that we have a good understanding of ethno-cultural differences in beliefs, behaviours, social norms etc, and how these affect health.

VISION

Our staff will be sensitive to the differences in the public health requirements 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. Through more effective health promotion interventions, all ethno-cultural groups will achieve improved health status.

Context

Peel is one of Canada's most ethnically diverse communities. In 2006, first-generation immigrants comprised almost half the population. Seventy different languages are represented in Peel. Visible minorities constitute some 50% of the immigrant population, with about half of these coming from South Asia.



To provide effective services to such a diverse population, we must have a communication strategy and a workforce that is sensitive to cultural differences and we must be able to work in many different languages. Our programs, too, must be designed in ways that remove ethno-cultural barriers and promote accessibility among the many groups.

We will build our capacity for identifying appropriate approaches for removing barriers and improving access. Applying an ethno-cultural lens to service planning will identify, at a program level, whether a specific targeted intervention is necessary or whether access can be improved by tackling the issues at the broader, population-based level.

Some Initial Steps to Achieving the Vision

1. Ethno-Cultural Needs Assessment and Gap Analysis

- Use data about the ethno-cultural make-up of Peel to better plan our modes of service delivery.

- Learn about and apply appropriate research tools to obtain and assess the health status of group-specific populations.
- Conduct research and determine the gap between the existing health status of the various ethno-cultural groups and the desired future state.
- Form an inventory of data sets, together with metadata for health measures relevant to ethno-cultural issues, advocate to fill the gap and cooperate with other agencies to access better data.

2. Staffing and Program Review

- Identify workforce development requirements with respect to ethno-cultural diversity.
- Review existing public health programs from the point of view of identifying (and subsequently removing) ethno-cultural barriers, thereby increasing accessibility and community engagement.
- Identify and document best practices for delivering culturally-competent public health programs.
- Foster contacts with community and professional groups working in this field.

3. Communications

Internal

- Develop and conduct workshops for our employees to:
 - Promote the importance of ethno-cultural diversity;
 - Teach appropriate approaches as we develop / acquire them; and
 - Support the implementation of an ethno-cultural diversity lens in program delivery.

External

- Develop and disseminate public communiqués to:
 - Conduct outreach efforts to the various ethno-cultural communities; and
 - Promote our commitment to serving an ethno-culturally diverse community.



IV. program priorities

Nurturing the Next Generation

Living Tobacco-Free

Supportive Environments, Health Weight

Surveillance: Data for Action

We provide many different public health program and service activities. Over the ten-year period of this strategic plan, we will constantly be re-assessing our portfolio of programs. Some programs will evolve, some new ones will be added and others will be dropped, all in the normal course of business. **Our existing programs will continue to represent the majority of our activities in the future.**

For this strategic plan, we have chosen four issues which will receive special attention. With these four initiatives, we believe that we will significantly affect the trajectory of the health status of Peel's population. In making our selection, we examined the evidence, particularly the results contained in *A Picture of Health: A Comprehensive Report on Health in Peel 2008*, the first report produced by Peel Public Health to provide the big picture on the health of Peel residents. Our selection was influenced by those determinants and risk factors which contributed most to the burden of ill-health, where we were under-performing relative to the rest of the province and by our assessment of what was feasible and achievable within our mandate.

We have established four **program priorities**. They are:

PROGRAM PRIORITIES

- Nurturing the Next Generation
- Living Tobacco-Free
- Supportive Environments, Healthy Weight
- Surveillance: Data for Action

Where we have sufficient evidence about the current situation, we have set out specific measures / targets in this plan. Where the evidence is less clear, we will develop our responses and targets over the course of this strategic plan. Although representative

interventions are noted here, the full work plans will contain other elements and will evolve over time. In all cases, attention will be paid to maintaining a focus on those interventions which have the most impact.

A Word About Mental Health

Public health has had, over the years, a limited involvement in mental health issues. No responsibility for mental health is given to us by the OPHS. There are agencies in the community concerned with mental health, employing staff with experience in mental health work. Unfortunately, the resources devoted to mental health are inadequate. This often leads to demands for public health to fill the gaps. The demand, however, is often for treatment services, which clearly lies outside public health's mandate and area of expertise.

That being said, we do have an effect upon mental health through our actions on the determinants of health. The effect, however, is general, long-term and indirect.

Here are some examples of what we are currently doing in the area of mental health.

Our Family Health programs and services are designed to ensure optimal birth outcomes and promote positive parent/child interaction. These are primary prevention initiatives for mental health disorders. These programs consist of promoting the understanding of "attachment" as the foundation of a child's future mental health and the provision of education on essential parenting behaviours. Family Health, through Healthy Babies, Healthy Children and Reproductive Health, identifies and intervenes with families whose mental health issues may put the child at risk for poor developmental outcomes. This intervention is in the form of assessment, referral and supportive counselling. Family Health also supports the Post Partum Mood Disorder Program, a community initiative that coordinates services such as education and telephone support for families and service providers.

Mental health promotion is currently addressed in the schools through existing programs such as Child to Child (a child/youth empowerment program) and Families and School Together (which promotes communication skills within families) and general bullying prevention/school environment development.

The health component of the Families First program provides culturally sensitive, client-centered care to the Region of Peel's diverse population. The public health nurses address the physical, mental, social, and spiritual well-being of their clients. Participants are supported to achieve optimal health by receiving assessment, support linkages, education and advocacy. The clients in the Families First program experience improved social, physical and mental health and a reduced reliance on social and health service.

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.

Each birth represents an individual who symbolizes the hope and opportunity of the next generation. By nurturing the development of our newborns, we can influence, to a large extent, the quality of their lives and, ultimately, the quality of our society.

Importance

We expect some 16,700 births in Peel in 2009. These babies will be born into families with a wide range of physical, social and economic circumstances. Although children are directly influenced by many factors (sex, culture, genetic endowment, physical environment),

they are also profoundly influenced by the social determinants of their parents. Parental unemployment, lack of education and social isolation are examples of determinants that have significant negative effects on children. Many parents in Peel are at risk. For example, 15% of Peel families are headed by a lone parent. Family poverty and ethno-cultural situations are also significant factors within the region.

The large number of births and the broad diversity of Peel's population make it a challenge for us to provide the necessary education and support required by parents and caregivers to ensure the optimal development of their children. However, it is vital that we do so.

Our Goal

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 of the 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.

Our Approach

The Nurturing the Next Generation priority will strategically focus on a narrow range of family life stages: preconception, prenatal and infancy (up to 12 months old). It will also focus on specific, key interventions that have a strong, evidence-based impact on child development outcomes. This differs from our current programming in that it focuses our

efforts and streamlines the information to be communicated. This priority takes the focus off the myriad issues that confront new parents and confines the public health approach to strategic life stages. Consolidated interventions will be directed at key issues: access to prenatal care and education, breastfeeding and secure parent/infant attachment.

We currently deliver (and will continue to deliver) a wide variety of interventions designed to promote the health and development of children from birth to age six. We distribute preconception and prenatal health messages in mass media campaigns and we provide prenatal education to expectant parents. We work through policy and advocacy to ensure that the environment is supportive of breastfeeding. Our parenting interventions focus mostly on discipline and nutrition. We reach parents through telephone consultation and through group education interventions at locations in the community.

While these programs have achieved a degree of success, they miss the mark with respect to some major at-risk groups. This is borne out by the results of the Early Development Index, a province-wide evaluation of the potential of six-year olds for future learning problems at school. This index reveals that a disproportionate number of Peel children (28%) score in the lowest 10th percentile in one or more of the domains included in the survey. These results cause us concern.

With the Nurturing the Next Generation program priority, we will be taking a more integrated and comprehensive approach aimed at specific high-risk groups and/or geographic areas. We set out our intended approach below.

Prenatal Care

- Improve access to education that delivers key messages both before and during pregnancy for the population as a whole and for specific, targeted populations in particular.

- Ensure that all prenatal messages reinforce the importance of breastfeeding and secure parent-infant attachment as well as the following three issues:
 - Alcohol affects birth outcomes: avoid alcohol during pregnancy
 - We will search the evidence in order to understand maternal behaviours and attitudes and to develop effective programming.
 - Smoking affects birth weight: avoid smoking at all times
 - The Living Tobacco-Free priority will articulate specific interventions directed to prenatal mothers.
 - Weight gain during pregnancy: keep it reasonable
 - We will explore the latest evidence about weight gain in pregnancy as a determinant of childhood obesity and maternal diabetes. This will be strategically linked to the Supportive Environments, Healthy Weight priority.

Breastfeeding

- Ensure that our hospital partners are supporting our message about the benefits of exclusive breastfeeding during the first six months of a baby's life.
- Build stronger capacity to help parents make an informed decision about infant feeding through partnerships with physicians, Community Health Centres, hospital prenatal intake programs, and community agencies.
- Continue to build supportive environments for breastfeeding through advocacy and policy initiatives.

Secure Parent / Infant Attachment

A secure attachment relationship between parent and child is critical for optimal child development. Attachment develops as a parent or caregiver provides sensitive, responsive care, picking up on the baby's cues and learning to understand his or her needs and wants. It is this socio-emotional connection that provides the primary source of a child's future sense of security, self-esteem and social skills.

- We will help parents and caregivers understand that responsive parenting is critical to the formation of a strong, secure parent/infant attachment.
- We will work with stakeholders and key educators to ensure that they understand the main concepts of responsive parenting and that they teach basic parenting skills that promote attachment.
- We will promote the key parental behaviours of love, feed, play and protect as the foundations of secure attachment and healthy early child development.
- We will engage specific ethno-cultural communities and we will communicate these messages to them in ways that will ensure acceptability and uptake.

Comprehensive Intervention in a Pilot Community

In addition to using a population health approach, we will use a community engagement strategy that focuses on one or two geographic areas within Peel where demographics, socio-economic status and the Early Development Index (EDI) indicators define a population at risk for poor child development outcomes. In these at-risk areas, we will design strategies to increase access by deliberately engaging the ethno-cultural leaders and local agencies to become champions of these key messages. We will use train-the-trainer approaches and remove barriers to participation.

Healthy Babies Healthy Children

We are mandated and funded by the Government of Ontario to deliver the province's Healthy Babies Healthy Children program (HBHC) in Peel. As part of this program, we support specific at-risk families with on-going parenting education and home visits. We will work with our community partners to ensure that assessment protocols are clear and that all families that are in need are identified, referred and receive the services.



Measures of Success

We will measure our success by collecting and analysing performance measures and where such indicators do not currently exist, we will develop them over time. Examples of indicators that we will be monitoring include:

- Improvements in pregnancy health and birth outcomes (e.g. a decrease in alcohol consumption prior to and during pregnancy, good folic acid supplementation rates during pregnancy, a decrease in low birth weight and stillbirth rates, etc.)
- The level of parents' knowledge and behaviours with respect to parent/infant attachment.
- Survey results of expected child development (developmental milestones, 18 months screenings and/or EDI)
- Data on breastfeeding (initiation, duration and exclusivity.)

B. Living Tobacco-free

Smoking is the single largest preventable cause of disease and premature death. 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. The Living Tobacco-Free program priority will set out and implement strategies for the prevention and cessation of smoking, and for the protection of others from the effects of second-hand smoke.

Importance

Approximately 19% of Peel residents are smokers. Thus, more than 190,000 individuals are at increased risk of ischemic heart disease, stroke, chronic obstructive pulmonary disease and erectile dysfunction. Smoking leads to many forms of cancer including lung, bladder, cervix, colon, esophagus, kidney, mouth and throat, pancreas, stomach and ovarian. Specifically, in Peel, the number of individuals who suffered from these diseases in the 2006/2007 year include:

- 13,000 people with chronic obstructive pulmonary disease – 2% of the population 35 years and older;
- 41,000 with ischemic heart diseases (e.g., angina, heart attacks, myocardial infarctions and other) – 5% of the population aged 20 years and older;
- 295 new cases of lung cancer that were directly attributable to smoking.

At some point in their lives, the odds are that smokers will suffer from one or more of those diseases. Furthermore, those living or working with a smoker, particularly their children and co-workers, suffer increased risks as a result of breathing second-hand smoke.

The Ontario Tobacco Research Unit estimates that \$17.5 billion is the annual cost in Canada attributable to smoking-related diseases. The personal costs of tobacco use are also significant. Smokers experience increased risk of premature

death, illness and stress. The stress extends to their friends and families.

Our Goals

Our goal is to reduce smoking among adults and youth. Specifically, we will aim to:

- Reduce the prevalence of smoking in Peel from the current level of 19% of the population to 15% by 2020;
- Reduce the prevalence of youth smoking from the current levels of 12% for males and 10% for females to 7% by 2020.

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 young people from starting to smoke.



Population Health Assessment

We will conduct a population health assessment to identify whether there are any Peel-specific sub-populations that have to-date been immune to our current smoking cessation efforts.

In addition, our programs will accommodate the requirements of the Ontario Ministry of Health for cessation programs targeted at specific sub-populations, namely pregnant and post-partum women, individuals of low economic status and young people.

Situational Assessment, Environment Scan

We will conduct a situational assessment and environmental scan. This will include literature reviews on the characteristics of the at-risk sub-populations, risk-taking behaviours and effective interventions for prevention, protection and cessation.

Strategy Development – Capacity, Effectiveness, Reach

We will analyse the information from the population health assessment, the situational assessment and the environmental scan and create a strategy for tobacco-use prevention. With this information in hand, we (in conjunction with our health-care partners) will develop a comprehensive strategy for lowering the smoking rates in the target sub-populations.

We do not have the resources and budget to help all the people who need assistance in quitting, so we will recruit the help of others. We will be encouraging private companies and organizations to introduce cessation support as a new part of their health benefits coverage.

Our Approach

Tobacco-use and exposure have declined over the years, in part, as a result of a comprehensive provincial and local anti-tobacco strategy. Previous interventions have focused on controlling and eliminating smoking in public places through policy development, education, and mass media campaigns. In addition, provincial and local smoking cessation services have been offered through Smoker's Helpline and our Quit Smoking Program. However, these initiatives have now reached the limits of their effectiveness. If further progress is to be made on reducing the current 19% smoking rate, new programs will need to be identified, tested and added to the tried and true approaches from the past.

Currently, the Ministry of Health Protection and Promotion provides us with program

funding through its Smoke-Free Ontario agreement. We perform scope-of-service requirements under this agreement as part of the Central East Tobacco Control Area Network. The members of this collaborative organization include other public health units, training programs, research bodies and the Smokers' Helpline. The Network provides a forum for sharing information and obtaining synergies on smoke cessation initiatives. We will continue to utilize the Network as a resource for advocacy, research, and collaboration.

Next Steps

Our tobacco-use prevention strategy will augment the population-based approaches with initiatives targeted at specific sub-populations. We discuss these below.

- Initial groups to consider (to be confirmed by the population health assessment, situational assessment and environmental scan):
 - Peel's ethno-cultural populations with high smoking rates;
 - Young adult males (18-29 years);
 - Pregnant and post-partum women;
 - Individuals of low economic status; and
 - At-risk young males and females.
- "Protection" includes policy enhancement to protect people from second-hand smoke.
 - Supporting more rigorous workplace policies.
 - Collaborating with school boards and other youth-oriented agencies to develop incentives, penalties and policies.
 - Educating landlords and tenants about smoke-free policies and issues relevant to multi-unit dwellings.
 - Bylaw development regarding restaurant patios and other spaces (including parks and recreation facilities) not covered in the Smoke-Free Ontario Act.

- “Prevention” includes those activities that dissuade young people from starting to smoke in the first place.
 - Ensuring the availability of curriculum support targeted at all school ages.
 - Supporting the “denormalization” of the tobacco industry through advocacy to eliminate all tobacco advertising.
 - Encouraging sports associations, recreational complexes and sports teams to be tobacco-free.
 - Collaborating with cultural/faith groups to ensure consistent anti-tobacco messaging.
- “Cessation” includes those activities that help existing smokers to stop.
 - Providing access to cessation programs (directly and through collaborative organizations) for sub-populations identified in the strategy development.
 - Encouraging employers to provide cessation services as an employee benefit.
 - Advocating for coverage of quit-smoking medications through the Ontario Drug Benefit Plan.
 - Advocating for increased action by the federal government to prevent the distribution of contraband tobacco products.
 - Advocating for an increase in tobacco taxes.

This strategy will include the enforcement of the Smoke-Free Ontario Act in accordance with our agreement with the Ministry of Health and Long-Term Care.

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. Our focus, as a public health unit, will be on the prevention of obesity within the Peel population. The treatment (or management) of specific cases of obesity will remain the responsibility of other parts of the health-care system.

In recent years, we have implemented several obesity-related initiatives. However, we have not had in place an overarching framework or consistent messaging with respect to our approach to obesity and healthy weight. With this program priority, we will develop a comprehensive obesity prevention strategy to reverse the rising trend in obesity rates. This strategy will encompass environmental influences and will contain initiatives appropriate for the various stages in a person’s life. We will be implementing the strategy using a phased approach over a period of several years.

Importance

Approximately 47% of adults in Peel are overweight or obese. As a consequence, some 400,000 of our residents are at increased risk for diabetes, heart disease, stroke, hypertension and at least 14 other chronic and/or acute diseases. The current level of obesity is a concern. The fact that it is rising is even more of a concern. The immigrant population is particularly susceptible. While they may arrive in Canada with a healthy weight, after growing accustomed to our obesogenic environment, sedentary lifestyles and unhealthy eating, they tend to become overweight and obese at similar rates to those born in Canada.

Children, too, are increasingly prone to obesity. Twenty-five years ago, 13% of Canadian pre-teenagers were overweight or obese. Now, that percentage has doubled to 26% and it is still rising.

The cost of obesity to the health system is staggering. For example, in the 2004/05 fiscal year, the cost of treating new cases of diabetes in Peel was \$271 million. A majority of these cases are caused by the fact that the patient is overweight or obese. If the trend continues, the cost of obesity will pose a significant threat to the sustainability of the medical system.



Our Goals

We will improve the health of Peel residents by preventing and reducing the incidence of obesity. In the development of our strategy, we will address underlying issues such as the physical environment (which affects the level of physical activity) and unhealthy eating habits, among other risk factors.

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. As with any comprehensive health promotion strategy, an understanding of the target population(s) will be essential to the reduction of obesity. We will gain this understanding by assessing the target groups in terms of their demographics, socio-graphics, psychographics and relevant ethno-cultural issues. We will collect and analyze this data, along with other health data such as smoking habits. We will then develop our strategies based on those findings and the best available research on the effectiveness of different types of interventions.

The primary goal of this priority is to prevent and reduce obesity. While we would like to be able to set specific timelines and numerical targets in this strategic plan, we simply lack the evidence at this time to do so.

- It is not clear whether sustained weight loss is even possible for most people within the boundaries of the amount of effort they might be willing to make.
- The current obesogenic environment makes weight maintenance, much less weight loss, extremely difficult.
- Interventions that are effective at an individual or group level have not yet been proven effective at a population level.
- Comprehensive strategies that have been successful in dealing with other health issues, such as anti-tobacco programs, have been context-specific. Researchers have not yet demonstrated that those techniques are transferable to other health issues or settings.

While we have made some progress in our schools and our built environments, realistically, it will take at least a generation to slow the rate of growth of obesity much less to actually reduce it. A reasonable first goal is to take sufficient time to review the research and create an evidence-informed, comprehensive anti-obesity strategy.

Our Approach

We will design our approach to the Supportive Environments, Healthy Weight program priority, first to slow the rise in the rate of obesity, then, to stabilize it and eventually to reverse its trajectory. Our focus will be on prevention as opposed to treatment and management. In other words, we intend eventually to stop it before it starts. We will continue with our current school, workplace and community initiatives and we will subject these initiatives to rigorous evaluations to determine their effectiveness. We will investigate the available evidence and published research on a lifecycle approach to weight control. Where there are gaps in the available information, we will push for and participate in future research projects to fill those gaps. Finally, we will conduct a local needs assessment and engage local community partners to develop an effective strategy that has strong community support.

Next Steps

1. Using new provincial legislation requiring schools to adopt nutritional policies for food offered on the premises and for fundraising, we will work with Peel School Boards to help them develop those policies. In conjunction with the Boards, we will conduct a survey of school-aged children regarding their nutrition and physical activity. We will measure their height and weight and compare the results with the baseline data from the 2005 survey.
2. We will develop policies at the Regional level for creating a healthier built environment. These policies will be backed up by evidence-based measures to assess new and existing built environments.
3. We will research potential measures for evaluating the effectiveness of the various initiatives. These measures could include such aspects as eating habits, Body Mass Index results and levels of physical activity.
4. We will investigate the feasibility of

conducting a “food frequency survey” of Peel’s adult population (or a sub-population) in order to determine how applicable the data on national/provincial food consumption is to Peel’s population. This work will be part of ongoing surveillance related to healthy eating and will include analysis of existing data, and qualitative research.

5. We will commission literature reviews and discussion papers on questions related to healthy weight and the effectiveness of public health messages on the subject. Example questions of interest would be:
 - a. Under what conditions is weight loss possible?
 - b. What are realistic healthy weight messages for people throughout their life cycle?
 - c. What combination of nutrition and physical activity messaging is effective at a population level?



6. We will analyse Peel’s demographics and health status to determine, in addition to our overall, population-based approach, whether we should target specific sub-populations. Possible sub-populations could be:
 - a. New immigrants
 - b. Youth (before adiposity rebound and pre-adolescence)

- c. Low-income, single mothers
 - d. Males (aged 18-24; single)
 - e. Specific ethno-cultural groups (e.g., South Asians)
7. We will explore opportunities to work with Peel-based food retailers and manufacturers to determine how they can complement our obesity prevention efforts.
 8. We will take a comprehensive approach to the development and publication of new education-based resources in line with the Enhancing External / Internal Communications infrastructure priority.
 9. As health professionals, we will advocate via our professional associations to support a healthy weight policy at the provincial and federal level.
 10. We will work with Peel's food service suppliers to set a model for healthy workplace food.

D. Surveillance: Data for Action

In the context of public health, “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 decisions and actions. It will enable us to respond quickly to impending public health threats (e.g. influenza pandemics, enteric diseases, measles outbreaks, etc.) and to better control the transmission of infectious diseases.

Importance

Surveillance and emergency preparedness are two of the six functions of public health. There are plenty of examples of significant public health emergencies over the past ten years. Among these are SARS, Walkerton, ice storms and widespread power failures, West Nile

Virus, measles and meningitis outbreaks. All public health units require surveillance for monitoring the health status of the population, for rapidly detecting unusual events and for triggering early public health action. For us as part of the Region of Peel, public health surveillance is an even greater necessity given that we are first in line for dealing with problems emanating from Pearson International Airport. These problems include the potential for disease transmission from international travel and the challenges posed by mixed jurisdictional roles and responsibilities.

The outcomes of public health surveillance include:

- rapid detection of event clusters before they turn into outbreaks or epidemics;
- identification of high-risk groups for targeted interventions (e.g. vaccine campaigns);
- the provision of evidence for assessing and evaluating ongoing prevention and control measures as well as for evaluating health policies and programs; and
- early warnings of changes in the determinants of health.



Our Goals

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.

Our Approach

Phase One

Our first step is to educate our staff as the potential of surveillance as a key enabler of public health. In concert with this step, we will examine and assess the various surveillance technologies that are currently available.

Our approach will ensure that the right information is collected, that new information is effectively integrated into the system and that the right people have the information they need when they need it.

Surveillance systems are typically complex and resource intensive. For this reason, our approach will be developed in partnerships with the leaders in surveillance in Ontario and Canada. These leaders include the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care and the Ontario Agency for Health Protection and Promotion.

Enhancing our skills and capacity to analyse and report data in a way that supports internal and external public health decision-makers.

We will evaluate our skills and analysis capacity. We will improve our ability to produce reports that consistently include the right data, the analysis of trends and recommendations.

We will work to improve the standards for surveillance in Ontario by engaging with

networks, local partners and other public health units to establish and report on performance indicators and benchmarks.

We will consult with our external stakeholders to build a consensus of how our surveillance efforts can/will be used to enhance key areas of the broader health system, e.g. hospitals, infectious disease specialists, etc.

Evaluating the quality of data and data sources.

We will improve the quality of information available through a systematic data quality monitoring and auditing processes.

We will report on key data sources and we will monitor relevant local and worldwide disease trends. Where additional skills and tools are required, we will put them in place.



Utilizing the best tools to achieve a robust and responsive surveillance system.

We will develop strong partnerships with the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care and the Ontario Agency for Health Protection and Promotion to learn from and influence these key partners in surveillance in Canada.

This includes maximizing the strengths of Panorama (the Canadian disease surveillance

system and the new laboratory-based surveillance system being developed in Ontario.) We will also work with external stakeholders (e.g., hospitals, infectious disease specialists) to support surveillance activities across the public health continuum.

We will review and analyse the current surveillance tools and clearly articulate the system we will pursue. This will include a review of the methods and processes to ensure that we maximize the use of existing data. Although there are a myriad of possible systems, some are unproven and others are not practical at the local public health level. When we have a clear, evidence-informed decision about how the available tools can help us achieve our desired surveillance objectives, we will create a detailed strategy for acquiring those tools and integrating them into our work processes.

Phase Two

Enhancing our capacity to move data into action.

Once we have a comprehensive surveillance system in place, we will examine additional ways that we can capture and analyse data more rapidly and effectively. We envision a system that flags aberrations for attention and action, like the indicator lights on the dashboard of a car. In some circumstances, this will allow us to prevent outbreaks or epidemics. In others, it will assist us in responding early to urgent events.

Surveillance may be conducted on a broad range of issues. The primary emphasis in Phase Two will be on infectious disease surveillance and outbreak response. Subsequently, surveillance indicators for non-communicable diseases and social determinants of health may be developed.

V. 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. This is the “what” of our strategic plan – the four Program Priorities.

The strategic plan also describes elements of the “how” of our work. The first of these is the adoption of our guiding philosophy: The Public Health Way, with its emphasis on a population-based approach to improving health status. The second is the improvement of our internal capacity to deliver our services in a cost-effective, respectful and transparent manner. These improvements are set out in our five Infrastructure Priorities.

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 in this field and achieve the Region of Peel’s vision of being a healthy, vibrant and safe community that values its diversity and quality of life.

Appendix

Many people contributed to the development of the 10-Year Strategic Plan. It was developed over an 18-month period, to allow time for input, for research and for reflection.

In October 2007 the Working Group that would guide the process was established. Throughout late 2007 and the first half of 2008, the Working Group developed and consulted on the Vision, Mission, Values and the articulation of the “The Public Health Way.” Work also began on the Infrastructure Priorities. In parallel, considerable research was being done on the Health Status of Peel residents.

In June of 2008, a Reference Group was established to provide additional insight and feedback on the work of the Working Group. The second half of 2008 was devoted to completing work on the Infrastructure

Priorities and beginning development of the Program Priorities. The Program Priorities work was guided by the findings of the Comprehensive Health Status Report, publicly presented in late 2008.

Since January 2009 consultation with internal and external stakeholders on the Strategic Plan elements has been underway. A “close to final” Draft version of the plan was vetted by the management of Peel Public Health and discussed at the “Commissioner, Directors, Managers and Supervisors Meeting” on May 6, 2009.

Particular recognition goes to the significant commitment and support from the Working Group and Reference Group members. Special thanks also go to the support team, led initially by Dorina Rico, assisted by Nancy Wente (Oct 2007 – April 2008), then by Allan Jones, assisted by Gagan Buttar (May 2008 onwards).

Working Group Members		Reference Group Members	
Brenda Brown	Jana Manolakos	Jillian D’Sylva Barlow	Virginia Oprea
Bev Bryant	Isabelle Mogck	Debbie Chang	Claudia Pana
Gayle Bursey	Inge Roosendaal	Shirley Cheng	Dennis Persaud
Paul Callanan	Loretta Rowan	Jatinder Diwan	Wendy Pons
Dr. Eileen de Villa	Dr. Chandrakant Shah	Michael Dubinski	Gerry Ruberto
Anne Fenwick	Julie Stratton	Michelle Eagle	Carolyn Stephenson
Aldo Franco	Dr. Megan Ward	Karen Hilliard	Anne Zearth
Cathy Granger	Dr. David Mowat	Kate Jedan	Susan Zivkovic
Donna Kern	Steve VanOfwegen	Grace Kapswarah	
Judy Lawday		Tatiana Guerrero de Lefort	

Several key stakeholders provided their advice and guidance to the work:

Name	Position (in March 2009)
Jim Grieve	Director of Education, Peel District School Board
Mayo Hawco	Executive Director, Bramalea CHC
John Kostoff	Director of Education, Dufferin-Peel Catholic District School Board
Mimi Lowi-Young	CEO, Central West LHIN
Bill MacLeod	CEO, Mississauga-Halton LHIN
Janet Menard	Executive Director, Transition & Integration, Human Services Department, Region of Peel
Keith Ward	Commissioner of Human Services, Region of Peel
Shelley White	CEO, United Way of Peel Region

In addition, focus groups were held with Peel Region Public Health Department volunteers during April 2009 to gather their views on the contents of the plan.

Finally, thanks to the consultants who guided this process:

Mary Baetz, Western Management Consultants and Jacqueline Schach, Delta Consulting Group



44 Peel Centre Drive, Suite 102, Brampton, ON L6T 4B5 • 905-799-7700
www.peelregion.ca/health