



# GOVERNANCE COMMITTEE MEETING

Wednesday, May 27, 2020  
1:00 – 2:30 p.m.

Via Teleconference

Dial: 613-966-1257 Ext. 8300 PIN 4444

To ensure a quorum we ask that you please contact your Alternate to attend and RSVP (Regrets Only) to [clovell@hpeph.ca](mailto:clovell@hpeph.ca) or 613-966-5500, Ext 231

# Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

## Our Vision

**Healthy Communities,  
Healthy People.**

## Our Mission

**Together with our communities,  
we help people become as  
healthy as they can be.**

## Our Values Show We CARE



**Collaboration**



**Advocacy**



**Respect**



**Excellence**

## Our Strategic Priorities



**Community  
Engagement**



**Staff  
Engagement  
and Culture**



**Population Health  
Assessment and  
Surveillance**



**Program  
Standards**



**Health  
Promotion**



## GOVERNANCE COMMITTEE MEETING AGENDA

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Wednesday, May 27, 2020  
1:00 pm – 2:30 pm

### Via Teleconference

Dial In: 613-966-1257 Ext. 8300 PIN 4444

If you are unable to attend, and have not already done so, please arrange for your alternate to attend and advise Catherine Lovell at [clovell@hpeph.ca](mailto:clovell@hpeph.ca) Thank you.

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1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**
4. **ELECTION OF COMMITTEE CHAIR**
5. **APPROVAL OF AGENDA**
6. **APPROVAL OF MINUTES OF PREVIOUS MEETING**
  - 6.1 Meeting Minutes of January 22, 2020 [Schedule 6.1](#)
7. **NEW BUSINESS**
  - 7.1 Policy Advocacy Policy [Schedule 7.1](#)
  - 7.2 Board of Health Member Competencies Inventory [Schedule 7.2](#)
  - 7.3 Strategic Planning Progress Report / 2020 Goals [Schedule 7.3](#)
  - 7.4 Land Acknowledgement [Schedule 7.4](#)
8. **DATE OF NEXT MEETING**

Wednesday, September 23, 2020 at 1:00 p.m.
9. **ADJOURNMENT**

**Governance Committee Meeting  
MINUTES**

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Wednesday, January 22, 2020 2:00 p.m.  
Hastings Prince Edward Public Health  
179 North Park Street, Belleville  
Douglas Room A, 1<sup>st</sup> Floor

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**Present:**

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings  
Mr. Michael Kotsovos, Councillor, City of Quinte West  
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings  
Mr. Andreas Bolik, Councillor, County of Prince Edward  
Ms. Deborah Goulden, Provincial Appointee (Chair)  
Ms. Joy Martin, Provincial Appointee  
Mr. Sean Kelly, Councillor, City of Belleville  
Mr. Bill Sandison, City of Belleville

**Regrets:**

Mr. Stewart Bailey, Councillor, County of Prince Edward  
Mr. Terry Cassidy, Councillor, City of Quinte West  
Dr. Craig Ervine, Provincial Appointee

**Also Present:**

Dr. Piotr Oglaza, Medical Officer of Health/CEO  
Ms. Val Dunham, Director of Corporate Services/Associate CEO  
Ms. Catherine Lovell, Executive Assistant to the MOH  
Mr. Eric Serwotka, Director of Public Health Programs

**1. Call to Order**

The meeting was called to order at 2:01 p.m.

**2. Disclosure of Pecuniary Interest and the General Nature Thereof**

There was no disclosure of pecuniary interest.

**3. Approval of Agenda**

MOTION:

Moved by: Michael

Seconded by: Sean

THAT the agenda of the January 22, 2020 Governance Committee be approved as circulated.

CARRIED

**4. Approval of Minutes of Previous Meeting****4.1 General Minutes of September 25, 2019**

MOTION:

Moved by: Sean

Seconded by: Jan

THAT the minutes of the September 25, 2019 Governance meeting be approved as circulated.

CARRIED

**4.2 General Minutes of November 27, 2019**

MOTION:

Moved by: Joy

Seconded by: Jan

THAT the minutes of the November 27, 2019 Governance meeting be approved as circulated.

CARRIED

**5. Reports****5.1.1 Draft Ministry of Health Survey Responses**

Dr. Oglaza reviewed the briefing note and what has happened to date regarding the modernization process. We have created draft survey responses. Shared a copy of a presentation from the Region of Peel. Slide 12 shows 5 questions that guided the discussion during the in-person consultation. The Speaking Points give suggestions that we might consider focussing on when presenting to the Ministry of Health on February 5.

MOTION:

Moved by: Jan

Seconded by: Joy

THAT the survey responses be approved for the purpose of submitting in the Ministry of Health Feedback Survey.

CARRIED

**5.1.2 Ministry of Health Survey Response Summary**

MOTION:

Moved by: Michael

Seconded by: Jan

THAT the Survey Response Summary be received as circulated.

CARRIED

**5.1.3 Ministry of Health presentation from Peel Region In-Person Consultation**

Dr. Oglaza noted that this is the presentation that was presented by the Ministry at the Peel Region Consultation.

**5.1.4 HPEPH In-Person Consultation Approach**

Dr. Oglaza noted that this slide, pulled from the above-noted presentation, is key and should be the approach we use at our in-person consultation on February 5, 2020. It was agreed Dr. Oglaza would be the key spokesperson but there is the possibility that there would be a separate meeting for the municipalities (Slide 2, #7 in the above-noted presentation). Sean, Andreas and Jan volunteered to speak to successes in the community and “local wins”, but all members of the Board are encouraged to attend. We have also reached out to some key stakeholders to attend to share their success stories as well.

**5.1.5 HPEPH In-Person Consultation Speaking Notes**

These speaking notes emphasize the key messages and responses that will be given at the consultation.

MOTION:

Moved by: Sean

Seconded by: Joy

THAT the Governance Committee receive the In-Person Consultation Peel Presentation, and receive and endorse the consultation Approach and Speaking Notes as presented.

**9. Date of Next Meeting**

Wednesday, March 25, 2020 at 1:00 p.m. Douglas Room A, 1<sup>st</sup> Floor

- Michael, Jan and Jo-Anne noted they would not be able to attend this meeting, so another date and time will be determined.

**10. Adjournment**

MOTION:

Moved by: Sean

Seconded by: Andreas

THAT the meeting be adjourned at 3:00 p.m.

CARRIED.

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Deborah Goulden, Governance Chair

## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health – Governance Committee
<b>Prepared by:</b>	Veronica Montgomery, Foundational Standards Manager
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, November 27, 2019
<b>Subject:</b>	<b>Follow-Up: Advancing Public Policy</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	Recommendation to the Board of Health to approve the implementation of the Policy Advocacy policy as written by staff for immediate application.
<b>Background:</b>	<p>At the September 25, 2019 Governance Committee meeting, the <u>Advancing Public Policy: A Framework for Public Health Action</u> was accepted as circulated. The document provided guidance on how to plan, document, monitor, and evaluate HPEPH policy-related efforts. It detailed the role of Public Health Units in policy advocacy, outlined the Policy Process Model, summarized the Model for Policy Advocacy in Public Health, and supplied a Menu of Options for Policy Advocacy.</p> <p>As policy advocacy is a core function of public health, the aforementioned framework will provide HPEPH staff and members of the Board of Health with guiding principles to meaningfully operationalize policy advocacy in a strategic and coordinated fashion.</p> <p>A motion directing staff to develop a related Board of Health policy for advancing public policy was carried. As such, staff from the internal Municipal Policy Advocacy Working Group developed a draft policy for review and approval of the Board of Health. The proposed policy provides a clear procedure for members of the Board of Health and Hastings Prince Edward Public Health staff to work together in identifying and acting upon policy advocacy issues.</p>

## HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

<b>Section:</b>	BOARD OF HEALTH BYLAWS AND POLICIES Policies and Procedures
<b>Policy Title:</b>	<b>Policy Advocacy</b>
<b>Approved by:</b>	Board of Health
<b>Date:</b>	Date Approved

### **POLICY:**

Policy advocacy is the process of influencing which policies will be developed, deciding upon content, and enabling implementation and evaluation. Members of the Board of Health (BOH) and Hastings Prince Edward Public Health (HPEPH) staff work together to identify and act upon policy advocacy issues.

### **PROCEDURE:**

#### **1. HPEPH staff:**

- 1.1. Staff must seek approval through their manager before bringing forward any advocacy initiatives to the BOH. The Program Manager will ensure the topic aligns with HPEPH priorities.
- 1.2. Staff will prepare a briefing note on the topic, including recommended actions. The Program Manager/Director will provide the briefing note to the Medical Officer of Health for consideration.
- 1.3. Recommended actions will be finalized and formally put forward to the BOH from the Office of the Medical Officer of Health.
- 1.4. The Medical Officer of Health and Chair of the BOH shall, in consultation with the Chair of the Governance Committee decide if staff should present at a Governance Committee meeting or a Board of Health meeting.
- 1.5. Staff will present at the appropriate meeting and recommendations for advocacy initiatives will be voted upon by members.

#### **2. Board of Health:**

- 2.1. Board members, in consultation with the BOH Chair and the Chair of Governance, shall bring forward new issues for possible advocacy at a Governance Committee meeting.
- 2.2. The Governance Committee, in consultation with the Medical Officer of Health and Chair of the BOH, will decide whether to carry the issue forward to the Board of Health based on community and organizational priorities.
- 2.3. Issues brought to Governance Committee should include a request for advocacy recommendations. There should be a clear ask of HPEPH staff (e.g. "We would like a staff report on \_\_\_\_\_," or "What can be done to address the \_\_\_\_\_ health issue in our region?").
- 2.4. HPEPH staff will prepare a briefing note with policy advocacy options, and present back to either the Governance Committee or Board of Health at a later meeting as decided by the Governance Committee in consultation with the Medical Officer of Health and Chair of the BOH.

**RELATED LINKS:** [Advancing Public Policy: A Framework for Public Health Action](#)





# **Advancing Public Policy**

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## **A Framework for Public Health Action**

September 2019

## **Acknowledgements**

The content of this document was adapted with the permission of Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health.

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## Purpose

The 2018 modernization of the Ontario Public Health Standards (OPHS) saw a renewed emphasis on the advancement of public policy as a fundamental role for Ontario's Public Health Units. Twelve of the fourteen Program Standards require programs to engage in "Health Promotion and Policy Development."<sup>1</sup> In efforts to exemplify this foundation of public health practice, the Strategic Plan for Hastings Prince Edward Public Health (HPEPH) 2019-2023 identifies "advocacy" as a core value that facilitates the organizational goal of positively influencing policy, resulting in actions that improve health.<sup>2</sup> Policy is an important mechanism for advancing the health of a population, and it is a critical accompaniment to support the work of delivering direct programs and services.

This framework is not a how-to guide for advancing policy; rather, its purpose is to provide guidance on how to plan, document, monitor, and evaluate HPEPH policy-related efforts. This document

- establishes common definitions of key concepts for operationalizing the advancement of policy within the organization;
- offers a working model and menu of options for advancing policy; and
- provides guidance on how to plan, document, and monitor policy-related work using the Planning Cycle.

## What is Policy Advocacy?

**Policy** is a broad statement of goals, objectives, and means – often written, but sometimes unwritten – that create a framework to guide activities. More broadly, it is considered anything a governing body chooses to do or not to do. In relation to the role of public health, involvement in policy development can be generalized as taking place within two spheres:<sup>3</sup>

### 1. Public Health Policy

These are policies which more clearly fall into the jurisdiction of the health sector and have historically been the source of some of the largest public health achievements of all time. Examples include vaccination policies, water fluoridation policies, food safety policies, and smoking regulation policies.

### 2. Healthy Public Policy

Healthy public policy recognizes that policies outside of the health sector, and in all levels of government, have a deep impact on health. This is because these other sectors have an enormous impact on the social determinants of health and their distribution within society, such as housing, income, transportation, and education. Public Health Units can improve health equity and impact population

health by influencing policies related to, for example, urban planning, transportation, marketing to children, and alcohol and other substances. The concept of **Health In All Policies** is a process used to advance healthy public policy, “where health becomes systemized as a standard part of the policy-formation process, and agencies are driven to integrate the policy formation under a health lens.”<sup>4</sup>

**Advocacy** is defined as the process of supporting a cause or proposal to influence outcomes. It can be used to influence system changes (e.g., development of a policy to build more affordable housing); community changes (e.g., the development of a housing coalition); organizational changes (e.g., a housing authority’s policy on smoke-free multi-unit dwellings); and individual changes (e.g., the improvement of a person’s home).<sup>5</sup> Advancing policy explicitly considers advocacy as a key process for public health action.

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**Policy Advocacy =**  
*Process of influencing which policies will be developed,  
deciding upon their content, and enabling their  
implementation and evaluation.*

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In Public Health Units, policy advocacy is always for the public good. Policy advocacy is a proactive approach that avoids conflict and manipulation; instead, it is concerned with providing evidence and acting cooperatively.<sup>6</sup> It is distinctly different from lobbying or activism, which are based on values or self-interest and are less concerned about evidence. Lobbying is often about private gain for individuals or corporations.<sup>6</sup> Activism may be concerned about the public good, but it is often confrontational, seeking to obtain change via negative pressure and highlighting problems rather than offering solutions.<sup>6</sup>

## **The Role of Public Health in Policy Advocacy**

It is necessary for Public Health Units to be able to advocate for policies and services that promote and protect health and reduce health inequities. Policy advocacy requires careful planning and deliberation and must align with the following principles:<sup>7</sup>

1. Provide non-partisan activities and viewpoints (that is, without bias towards any political party)
2. Focus on the health and well-being impacts of the issue
3. Align with professional and public health values and competencies (e.g., the Core Competencies for Public Health in Canada<sup>8</sup>)
4. Be informed by the best available evidence

The **Policy Process Model** is useful for understanding the different stages of policy development (Figure 1). Public Health Units may have a role within any of the stages of this process. In practice, policy development does not always occur in lock-step with these stages; some stages can be skipped, or stages may occur in a different order.

**Figure 1. The Policy Process**



The five stages of this model can be described as follows:

- 1. Agenda Setting** - The agenda for policy development is set when new issues are recognized as requiring action. An issue is likely to be placed on a policy agenda when it, along with its potential responses, have high legitimacy, feasibility, and public support. The timing of political events also influences when an issue is placed on a policy agenda. When the agenda is set to address an issue, a window of opportunity is opened to influence the formulation of the policy. This is sometimes called a “policy window.”
- 2. Formulation** - The formulation of policy involves developing solutions to issues that are on the agenda, including the generation and selection of options. Within policy formulation, strong facts and evidence must be in place before debates on values and moral or ethical grounds can occur. Consideration of both the feasibility of policy enforcement and the cost of implementation occur at this stage.
- 3. Decision-Making** - After the formulation stage, decisions are made on whether to adopt a policy or not. Sometimes the process is simple, involving a small group of people (e.g., clinical decision-making), or it can be complex, involving hundreds of people (e.g., Cabinet-level decision-making). Policy is rarely the result of a single

decision. Usually it is the outcome of a series of decisions or decision rounds that may be well coordinated or piecemeal in nature. Evidence is not always used or sought out at this stage.<sup>9</sup>

4. **Implementation** - Implementation occurs when the directions that have been determined by the policy are put into action. This is an iterative process that may change the policy itself, as implementation is shaped by many factors, including the availability of resources and the cultural differences between those involved. It is common for there to be a gap between what was planned and what happens. Policy implementation includes aspects of policy enforcement, when applicable.
5. **Evaluation** - Monitoring and/or evaluating the policy, when applicable, may include the implementation progression, funding allocation, results, and impact of the policy. Evaluative research is crucial to understanding the consequences and making policy adjustments to influence outcomes. Research can also be used to introduce different ways of understanding and/or solving an issue, and to create additional dialogue.

## Policy Advocacy Activities and Outcomes

The ***Model for Policy Advocacy in Public Health*** (Figure 2) considers policy advocacy as a key process for public health action. The six groups of activities operate alongside the policy process previously described. The activities are hypothesized to lead to broad policy-related outcomes that, in turn, contribute to the advancement of the policy process. An important assumption of this model is that these actions contribute to the creation and maintenance of policy, which in turn influences supportive environments and health promoting behaviours, ultimately leading to improved population health.

Although the main aim of policy advocacy is to advance policy change, the Model for Policy Advocacy in Public Health provides shorter-term specific “wins” that can be planned for, implemented, and documented along the pathway towards more longer-term outcomes such as policy change, behaviour change, or the goal of improved population health.

Even though depicted as such, the model is not linear. Advocacy activities and their broad outcomes may overlap and feed into the advancement of the policy process. The first five outcomes may be used to influence both public health and healthy public policies, and the sixth outcome – compliance and supported policy environment – most often lies within the sphere of public health policy.

**Figure 2. Model for Policy Advocacy in Public Health**



Adapted from: Annie E. Casey Foundation and Organizational Research Services (2007) <sup>10</sup>

These broad outcomes can be described as follows:

1. **Shifted Social Norms** - Social norms define how society operates. They are the knowledge, values, beliefs, attitudes, and behaviours considered acceptable by individuals of a social group. Activities, such as public will campaigns, can assist in changing social norms by contributing to agenda setting, as these campaigns identify specific policy issues for policy-makers. Activities such as this can also change the attitudes and perceptions of individuals in a population.



- 2. Strengthened Organizational Capacity** - Activities that focus on organizational change function in one of two ways. The first is to create supportive environments within the organization itself through organizational policy change. This may include the provision of educational resources on policy-related health issues, policy options, tools, and administrative support. The second way is to build capacity of organizations or coalitions to participate in policy advocacy on specific health issues. This type of support focuses on strategic planning, including the alignment of staff, leadership, structures, systems, and finances.
- 3. Strengthened Alliances** - Refers to the structural changes in community and institutional relationships that are necessary to present common messages, pursue common goals, and enforce and/or support policy changes. Activities aim to increase coordination, collaboration, and alignment among community and system partners, including non-traditional allies.
- 4. Strengthened Base of Support** - Activities contributing to this outcome aim to increase the breadth, depth, and influence of support provided by the public, interest groups, community opinion leaders, and champions. This creates a major structural driver for policy change and can span many layers of societal engagement.
- 5. Informed Policy Leaders** - The aim is to ensure that leaders are equipped with the best available evidence throughout the policy process. This may entail providing evidence-informed briefings, review or analysis on policy-related health issues, policy options, and/or content for written policy documents directly to those involved in the policy process, or to community opinion leaders advocating directly to high-level policy-makers.
- 6. Compliance and Supported Policy Environments** - Reflects the activities essential to implementation and creates environments necessary for policy to work effectively. Often, the role of Public Health Units is guided by the OPHS protocols, such as Food Safety or Tobacco Control, which define public health's legislative roles in enforcement. However, support for existing policies also occurs through partnerships with other sectors, such as law enforcement.

HPEPH has a strong history of engaging in policy advocacy. Table 1 organizes the advocacy activities, potential audiences, and specific outcomes by the broad outcomes depicted in Figure 1. Examples of policy advocacy activities that HPEPH has previously been engaged in, or is currently involved in, are included. These examples are not meant to be comprehensive.

**Table 1. Menu of Options for Policy Advocacy**

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
<b>Shifted social norms</b>	<p>Issue framing in a way that influences policy change</p> <p>Media campaigns</p> <p>Key message development</p> <p>Champion development</p>	<p>Individuals in the general public</p> <p>Specific groups of individuals (e.g. people who smoke, pregnant women, adolescent drivers)</p> <p>Population groups (e.g. rural communities, women, youth)</p>	<p>Changes in awareness</p> <p>Increased agreement on the definition of a problem</p> <p>Changes in beliefs, attitudes or values toward an issue or problem</p> <p>Changes in the prominence of a campaign goal with core societal values</p> <p>Changes in public behaviour</p> <p>Changes in support for social or policy change (e.g. public will)</p>	<p>Developed and implemented a social marketing intervention that targeted priority populations to reduce tobacco use among Eastern Ontario young adults.</p> <p>Developed and implemented a public will campaign that reframed healthy eating and physical activity from individual responsibility to community responsibility by highlighting public support for environmental changes.</p> <p>Coordinated the Bay of Quinte Bike Month campaign highlighting community events and activities that build a culture of cycling for transportation and recreation.</p>
<b>Strengthened organizational capacity</b>	<p>Leadership development</p> <p>Organizational capacity building</p> <p>Communication skill building</p> <p>Strategic planning</p>	<p>Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table of HPE)</p> <p>Non-profit organizations (e.g. United Way, CDC of Quinte, service clubs)</p> <p>Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police)</p> <p>Municipal departments (e.g. recreation, public works, planning)</p>	<p>Improved awareness of health issue(s) and organizational policy option(s)</p> <p>Improves capacity of organizations to develop and implement policy</p> <p>Improved strategic ability of organizations involved with policy advocacy</p> <p>Improved stability of organizations involved with policy advocacy</p>	<p>Provided support to the NHEDC to develop a strategy and secure funding for the development of a Non-Motorized Trails Master Plan.</p> <p>Provided support and education to childcare centre educators to help them create supportive HEAL environments.</p> <p>Worked with QHC stakeholders to develop and implement a comprehensive tobacco screening, identification, and treatment policy to increase cessation rates and reduce readmission rates.</p> <p>Provided Workplace Psychological Health and Safety Workshops to local organizations.</p>

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
Strengthened alliances	Partnership development Coalition development Cross-sector campaigns Alliances among unlikely stakeholders	Individuals (e.g. business leaders, interested members of the public) Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table, QRTC, OPHA) Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Municipal departments (e.g. recreation, public works, planning)	Increased involvement Increased level of actions taken by champions of an issue Increased breadth of partners supporting issues (e.g. unlikely allies) Increased media coverage Increased awareness of campaign principles and messages among selected groups (e.g. policy makers, public, opinion leaders) Changes in support for social or policy change (e.g. public will)	Participated in the OPHA Reproductive Health Working group to identify a champion to help build a strategic alliance with the OMA to advance the adoption of a billing code for preconception health counselling. Presented to Municipal Community and Safety Well-Being Committee on the roles of public health and potential contributions to planning activities. Chaired the Hastings County non-profit housing coalition which developed and implemented smoke-free housing policies in multi-unit dwellings.
Strengthened base of support	Community organizing Media campaigns Health communications Public/grassroots engagement campaigns Policy analysis and debate Position statements and endorsements	Individuals (e.g. CEOs, interested members of the public) Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table of HPE) Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks) Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police) Municipal departments (e.g. recreation, public works, planning) Board of Health	Increased public involvement Increased level of actions taken by champions of an issue Increased breadth of partners supporting an issue Increased media coverage Increased awareness of campaign principles and messages among selected groups (e.g. policy-makers, general public, opinion leaders) Increased visibility of the campaign message Changes in support for social or policy change (e.g. public will)	MOH provided a presentation to a local service club on the implications and harms of alcohol use. BOH provided a letter to the Premier to invest in oral health programs for low-income adults and urge the province to work with the ODA to find solutions for all government dental care programs to ensure needs of low-income families are met. Established and chaired the Bay of Quinte Active Transportation Committee. Established and chaired the Quinte Region Traffic Coalition.

Broad Outcomes	Policy Activities	Audiences	Specific Outcomes	Examples from HPEPH
Informed policy leaders	<p>Research evidence reviews</p> <p>White papers or briefing notes</p> <p>Policy proposals</p> <p>Pilot demonstrations</p> <p>Educational briefings</p> <p>Presentations to political representatives</p>	<p>Elected officials (e.g. councillors, MPP, MP, election candidates)</p> <p>Municipal departments (e.g. recreation, public works, planning)</p> <p>Advocacy organizations, coalitions, or networks (e.g. Poverty Round Table, Smoking Cessation Network)</p> <p>Non-profits (e.g. United Way, CDC of Quinte, service clubs, food banks)</p> <p>Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police)</p> <p>Board of Health</p>	<p>Increased readiness to act on a policy issue</p> <p>Policy formulation</p> <p>Policy adoption</p> <p>Policy maintenance</p>	<p>Provided evidence-informed content recommendations for Official Plan policies to improve food, physical activity, and smoke-free environments, and to mitigate the effects of climate change.</p> <p>Developed the Healthy Policies for Active Transportation report and participated in knowledge exchange with municipal stakeholders during the development of Active Transportation Master Plans.</p> <p>Provided the Chief of a local First Nation with a letter of support highlighting issues and concerns related to water sanitation to help advance efforts in increasing resident availability of safe drinking water.</p>
Compliance and supported policy environments	<p>Implementation of OPHS Protocols</p> <p>Partnerships to enhance compliance</p> <p>Awareness of policies and penalties</p>	<p>Individuals in the general public</p> <p>Specific groups of individuals (e.g. people who smoke, pregnant women, adolescent drivers)</p> <p>Population groups (e.g. rural communities, women, youth)</p> <p>Public service organizations (e.g. school boards, EarlyOn centres, hospitals, police)</p> <p>Private sector agencies (e.g. workplaces, restaurants)</p>	<p>Increased compliance with legislation/policies</p> <p>Increased knowledge and skills to facilitate compliance</p> <p>Changes in beliefs, attitudes or values toward an issue or problem</p>	<p>Coordinated law-enforcement and public education road safety campaigns.</p> <p>Provided support and education to Food for Learning site coordinators and staff to increase compliance with school nutrition guidelines.</p> <p>Provided food handler and public pool operator courses to educate on best practices and increase compliance with food premise and public pool regulations.</p> <p>Provided education to the Bay of Quinte Dental Society to increase adherence with infection prevention and control best-practice guidelines.</p>
<b>Acronym Definitions:</b> BOH – Board of Health, CDC – Community Development Council, MOH – Medical Officer of Health, MP – Member of Parliament, MPP – Member of Provincial Parliament, NHEDC – North Hastings Economic Development Committee, OMA – Ontario Medical Association, OPHA – Ontario Public Health Association, OPHS – Ontario Public Health Standards, QRTC – Quinte Region Traffic Coalition				

## Planning and Evaluating Policy Advocacy

The Policy Process (Figure 1), the Model for Policy Advocacy in Public Health (Figure 2), and the Menu of Options for Policy Advocacy (Table 1), provide a framework for HPEPH to be more purposeful in planning and evaluating policy advocacy efforts. Policy advocacy work can be framed and documented within each of the four phases of the Planning Cycle and may be integrated within a comprehensive approach to addressing a population health issue. Additionally, the Planning Cycle integrates the components of health equity impact assessments and should be applied to both public health and healthy public policies. Using the Planning Cycle and its related templates, in addition to documenting annual tasks and activities in operational plans, provides a consistent method of analysis and documentation.

Table 2 offers an overview of the way in which policy advocacy can be integrated into the Planning Cycle. Appendix A provides a practical example, and Appendix B offers resources for planning and evaluating policy advocacy activities.

**Table 2. Integration of Policy Advocacy in the Planning Cycle**

Assess the Evidence
<p><b>The multiple categories of public health evidence are used to analyze public health problems, assess the appropriateness of interventions, and assess their impacts on health equity.</b></p> <p>Policies that influence the access to, and distribution of, resources for health are identified as key interventions to improve health and reduce health inequities related to an issue.</p>
Recommend Actions
<p><b>Evidence-informed recommendations are provided to management and/or stakeholders to inform decision-making and to prioritize public health actions.</b></p> <p>Recommended actions, including policy advocacy activities, are reviewed and approved by management.</p>
Plan the Implementation
<p><b>Plan the implementation by creating a blueprint for how the recommended public health actions will be implemented, monitored, and evaluated.</b></p> <p>The theory of change includes a results pathway that involves elements related to the attainment of broad policy advocacy outcomes, and a performance monitoring plan that is developed to assess progress.</p>
Monitor the Results
<p><b>Progress toward achieving the objectives identified in the performance monitoring plan are reviewed and reported at regular intervals.</b></p> <p>Data is collected, analyzed, summarized, and communicated with management and stakeholders to demonstrate HPEPH contributions to the intended policy outcomes.</p>

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## **Appendix A**

### **Integrating Policy Advocacy in the Planning Cycle**

While the following examples predate the development of the Planning Cycle, they offer documentation that demonstrates how all elements of the Planning Cycle were used throughout their duration.

#### **Example #1: Healthy Communities Policy and Capacity Building**

For more information on the Healthy Communities Policy and Capacity Building Initiative,<sup>11</sup> read the [evaluation report](#) which includes further details on the elements described below.

#### **Assess the Evidence**

##### **Community and Political Preferences and Actions**

- There is a high level of public support and interest among municipal and community stakeholders to create a network of bicycle infrastructure to make it easier and safer to use a bicycle for transportation
- The provincial government is providing grants to municipalities to build cycling infrastructure if they have developed and adopted an Active Transportation Master Plan

##### **Research**

- The development of connected bicycle infrastructure networks is associated with increased cycling
- Cycling for transportation is associated with increased positive health outcomes related to prevention of chronic disease and mortality
- Bicycle infrastructure should be designed in a way that achieves physical separation of pedestrians, cyclists, and motorized vehicles to the highest possible extent to mitigate risks of injury and enhance perceived safety
- Encouragement and positive social norms influence the adoption of cycling behaviour alongside improvements in the built environment

##### **Public Health Resources**

- Dedicated funding is provided to HPEPH by the Ministry of Health and Long-Term Care to advance policies for physical activity

## Recommend Actions

- Develop an evidence-informed white paper to identify key objectives and actions that are needed to increase active transportation behaviours
- Create a knowledge exchange strategy to communicate the findings of the white paper, generate dialogue among municipal officials, and facilitate public understanding of the issues
- Build a relationship with municipal planning departments and collaborate in the development of Active Transportation Master Plans; provide evidence-informed content recommendations, where appropriate
- Develop a regional network of municipal stakeholders, non-profits, and businesses with an interest in cycling (e.g. cycling clubs, bicycle shops, regional marketing/tourism agencies) and collaborate to develop strategies to encourage cycling for transportation and recreation

## Plan the Implementation

Develop a theory of change, which includes a results pathway to achieve the intended impact of building communities, that provides affordable and accessible opportunities for active living. This informs the activities for the Bicycle Friendly Communities policy action area. The following outputs and outcomes are included in the results pathway.

### Education & Awareness

The development and implementation of a multi-component communication strategy to increase understanding among decision-makers and residents about the relationships between municipal policy, the built environment, and opportunities for active transportation.

#### ***Specific outcomes:***

- Increased awareness among municipal councils about how municipal policies and programs influence a resident's decision to use active transportation
- Increased awareness among community stakeholders and residents about the living conditions and environments that influence a resident's decision to use active transportation

#### ***Broad outcomes:***

- Informed policy leaders
- Strengthened base of support



## **Community Capacity Building**

Based on a strengths-based model of community empowerment and capacity building, facilitate multi-sectoral mobilization activities that include the implementation of community planning workshops related to planning for bicycle-friendly communities.

### ***Specific outcomes:***

- Community-driven programs and promotion activities that improve access to safe opportunities for cycling are mobilized
- Cycling is increasingly valued by residents, municipal councils, and community stakeholders as a safe and efficient mode of transportation

### ***Broad outcomes:***

- Strengthened social norms
- Strengthened organizational capacity
- Strengthened alliances

## **Policy Development**

Specific evidence-informed policy recommendations and content suggestions are provided to facilitate the integration of supportive active transportation policies, including the City of Belleville Transportation Master Plan and the City of Quinte West Active Transportation Master Plan.

### ***Specific outcomes:***

- The establishment and implementation of evidence-informed Active Transportation Plans in the cities of Belleville and Quinte West is facilitated

### ***Broad outcomes:***

- Informed policy leaders

## **Monitor the Results**

Identify key objectives and develop an evaluation framework for this initiative.

An evaluation was completed that identified how the activities of HPEPH contributed to the policy outcomes. Several factors contributed to the enhancement of community capacity to act on issues and influence the observed policy outcomes, including the following:

- Collaborating with community and municipal stakeholders, taking an active role in community-identified priorities, and building relationships between sectors
- Influencing the availability of opportunities for policy action by developing community capacity through multi-sectoral collaboration and being prepared to capitalize upon predictable windows of opportunity to influence policy

- Communicating messages that raise awareness about policy solutions to public health issues, in combination with community capacity-building activities, to encourage increased engagement and commitment to participation in the policy process
- Securing reliable financial and human resources
- Sustaining involvement to support the evaluation of policies to inform future policy actions and related health outcomes

## **Example #2: County of Hastings Smoke-Free Housing Initiative**

In January 2015, representatives from Hastings County and HPEPH agreed that implementing a smoke-free housing policy within Hastings County housing units by January 2016 was a mutual goal.

### **Assess the Evidence**

#### **Population Health and Service Data**

- Local data indicates that smoking rates in Hastings County are higher than the provincial average; it is generally known that residents with lower incomes experience higher smoking rates

#### **Community and Political Preferences and Actions**

- Hastings County has a requirement to provide a safe, healthy, and cost-effective environment within its residences; although not specifically mandated under this regulation, a smoke-free policy would align with HPEPH goals under the Smoke-Free Ontario Act (SFOA)
- Letters, media hits, and SFOA complaints demonstrate growing support for smoke-free policies in multi-unit housing within Hastings County

#### **Research**

- Smoke-free multi-unit dwelling policies across Ontario have been shown to reduce exposure to second-hand smoke
- Expenditures related to the renovation and upkeep of housing units are lower when the unit is smoke-free

#### **Public Health Resources**

- Dedicated funding is provided to HPEPH by the Ministry of Health and Long-Term Care to advance policies that protect the public from the harmful effects of first and second-hand tobacco smoke
- In-kind Tobacco Control Program staff time is dedicated to the initiative

## Recommend Actions

- Form a Hastings County smoke-free housing steering committee with representation from both HPEPH and Hastings County staff
- Assess the current situation within Hastings County housing to determine which approach would satisfy both residents and the steering committee
- Review draft policies from other jurisdictions in Ontario to determine best practices and to mitigate any potential objections to new policy
- Develop a communication strategy to inform tenants, employees and the media about the policy implementation
- Ensure that cessation messaging and support is a consistent component of the process
- Implement a comprehensive smoke-free policy that endeavours to increase tenant well-being

## Plan the Implementation

### Coalition Building

Engage appropriate Hastings County staff and decision-makers by setting a meeting schedule to address the issue from both public health and housing provider perspectives.

#### ***Specific outcomes:***

- Increased multi-sectoral collaboration and support

#### ***Broad outcomes:***

- Informed policy leaders
- Strengthened alliances
- Strengthened base of support

### Education & Awareness

The development and implementation of a multi-component communication strategy to increase understanding among decision-makers and residents that smoke-free policies are not meant to deny smokers a place to live, or force people to quit smoking; rather, they are meant to reduce risk of fires, decrease maintenance costs, and increase tenant well-being.

#### ***Specific outcomes:***

- Increased support among tenants for smoke-free housing policies
- Increased awareness of cessation support in the community

***Broad outcomes:***

- Informed policy leaders
- Strengthened alliances
- Compliance and supported policy environments

**Policy Development**

1. Assess the current situation in Hastings County regarding smoking behaviours and tenant exposure to second-hand smoke. Conduct an environmental scan to assess current and best practises, policy implementation methods, enforcement procedures, and cessation support.

***Specific outcomes:***

- Developed a draft policy that satisfied both parties and provided opportunity for feedback from tenants, staff, and media

***Broad outcomes:***

- Strengthened base of support
2. Final smoke-free policy is created through a series of steering committee meetings and consultations with tenants and staff. Finalized communication and enforcement plans are developed to effectively implement the policy.

***Specific outcomes:***

- Developed a final policy that satisfied both parties and included enforcement, cessation, and communication plans

***Broad outcomes:***

- Compliance and supported policy environments

**Monitor the Results**

The Smoke-Free Hastings County Housing Policy came into effect January 1, 2016.

The steering committee continues on an ad-hoc basis in the event of any unintended or negative outcomes. Tobacco Enforcement Officers aided in the enforcement of the policy by monitoring complaints to the Tobacco Intake Line. Hastings County continues to engage with the HPEPH Tobacco Control Program for various requests such as signage, cessation support, and bylaw development.

## **Appendix B**

### **Resources for Planning and Evaluating Policy Advocacy**

**A Framework for Analyzing Public Policies: Practical Guide.** National Collaborating Centre for Healthy Public Policy, 2019. Available from:

[http://www.ncchpp.ca/docs/Guide\\_framework\\_analyzing\\_policies\\_En.pdf](http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf)

**A Guide to Measuring Advocacy and Policy.** Annie E. Casey Foundation and Organizational Research Services, 2007. Available from:

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**Approaching Municipalities to Share Knowledge: Advice from Municipal Civil Servants to Public Health Actors.** National Collaborating Centre for Healthy Public Policy, 2019. Available from: <http://www.ncchpp.ca/docs/2019-PC-KS-How-To-Approach-Municipalities-Share-Knowledge.pdf>

**Key Public Health Resources for Advocacy and Health Equity: A Curated List.** National Collaborating Centre on the Determinants of Health, 2015.

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**Method for Synthesizing Knowledge about Public Policies: A Summary.** National Collaborating Centre for Healthy Public Policy, 2011. Available from:

[http://www.ncchpp.ca/docs/MethodPP\\_summary\\_EN.pdf](http://www.ncchpp.ca/docs/MethodPP_summary_EN.pdf)

**Supporting the Policy Making Process: Workbook.** Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2018. Available from:

<https://www.publichealthontario.ca/-/media/documents/supporting-policy-making.pdf?la=en>

**The Advocacy Strategy Framework.** Centre for Evaluation Innovation, 2015. Available from: [http://www.pointk.org/resources/files/Adocacy\\_Strategy\\_Framework.pdf](http://www.pointk.org/resources/files/Adocacy_Strategy_Framework.pdf)

**What We Know So Far About Evaluating Progress in Policy Change.** Tamarack Institute, 2018. Available from:

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## Board of Health – Governance Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health – Governance Committee
<b>Prepared by:</b>	Valerie Dunham, Director of Corporate Services / Associate CEO
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health
<b>Date:</b>	Wednesday, May 27, 2020
<b>Subject:</b>	<b>Board of Health Members Competency/Skills Inventory</b>
<b>Nature of Board Engagement</b>	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> <b>Strategic Discussion</b> <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	Recommendation to the Board of Health to support the attached schedule of competencies and skills and proceed with having each Board member complete.
<b>Background:</b>	<p><b><i>As per policy dated April 3, 2019 under Board Operations; Board of Health Internal Evaluation, the Board members completed an evaluation survey that was open starting September 27, 2019 and closed on October 31, 2019. The results of the survey were presented to the Board at the November 27, 2019 meeting. Results from the survey are to be used to improve Board effectiveness where possible.</i></b></p> <p>In this last Board of Health Self-Evaluation Survey, under Question 12. <i>Personal Competencies</i> there was the following question:</p> <p><i>HPEPH is aware of what skills that I bring to the BOH and utilizes them effectively.</i></p> <p>The answer indicated there were board members that were not sure if HPEPH is aware of their skills and competencies given that there is no process in place to exchange such knowledge.</p> <p>As discussed in the November 27, 2019 meeting, we have created the attached schedule of competencies that we will ask each member to complete. A summary of competencies will be prepared to assist the Board of Health and Senior Management at HPEPH in becoming familiar with the competencies of the BOH members for future committee work and use as required.</p>

## Board of Health Competency / Skills Inventory

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Competency / Skills Description	Associated Skills and Experience
Relevant Professional Experience	
<b>Accounting / Financial experience:</b> Has experience or knowledge in accounting or financial management. This may include analysing and interpreting financial statements, evaluating organizations budgets and understanding financial reporting.	
<b>Business / Management experience:</b> Has experience with or knowledge in sound management and operational business processes and practices in the private or public sector. This may include an understanding of topics such as managing complex projects, leveraging information technology, planning and measuring performance, and allocating resources to achieve outcomes.	
<b>Governance experience:</b> Has experience or knowledge of board governance in the public and/or non-profit sector. Has a clear understanding of the distinction between the role of the Board versus the role of Management. Governance experience could be acquired through prior board or committee service or reporting to or working with a board as an employee.	
<b>Human Resources experience:</b> Has experience or knowledge in strategic human resource management. This may include workforce planning, employee engagement, succession planning, organizational capacity, compensation, and professional development.	
<b>Legal / Regulatory experience:</b> Has experience with or knowledge of legal principles, processes, and systems. This may include the understanding of government legislation / legislative process, or an understanding of the legal dimensions of organizational issues.	
<b>Public Relations / Communications experience:</b> Has experience or knowledge of communications, public relations or interacting with the media. This may include knowledge of effective advocacy and public engagement strategies, developing key messages, crisis communications or social media and viral marketing.	

<b>Risk Management experience:</b> Has experience or knowledge of enterprise risk management. This may include identifying potential risks, recommending and implementing preventive measures and devising plans to minimize the impact of risks. This may also include knowledge of auditing practices, organizational controls, and compliance measures.	
<b>Specialized Environmental Knowledge</b>	
<b>Community / Stakeholder Relations knowledge:</b> Has experience or knowledge of the broader public policy context affecting public health; ability to adapt policy for local stakeholders and community.	
<b>Industry / Sector knowledge:</b> Has experience with or knowledge of public health. This may include an understanding of particular trends, challenges and opportunities, or unique dynamics within the sector that are relevant to public health.	
<b>Personal Effectiveness Skills</b>	
<b>Critical Thinking / Problem Solving skills:</b> Demonstrates ability to apply critical thinking to creatively assess situations and to generate novel or innovative solutions to challenges facing the Board of Health.	
<b>Leadership / Teamwork skills:</b> Demonstrates an ability to inspire, motivate and offer direction and leadership to others. Demonstrates an understanding of the importance of teamwork to the success of the Board. This may include an ability to recognize and value the contributions of board members, staff, and stakeholders.	
<b>Strategic Thinking / Planning skills:</b> Demonstrates an ability to think strategically about the opportunities and challenges facing public health and to engage in short, medium and long-range planning to provide high-level guidance and direction for public health.	



## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health – Governance Committee
<b>Prepared by:</b>	Valerie Dunham, Director of Corporate Services / Associate CEO
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, May 27, 2020
<b>Subject:</b>	<b>Strategic Planning 2019 - 2023</b>
<b>Nature of Board Engagement</b>	<input checked="" type="checkbox"/> <b>For Information</b> <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action Required:</b>	None
<b>Background:</b>	<p><b><i>The 2018 Ontario Public Health Standards requires that; The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients and community partners, and is reviewed at least every other year.</i></b></p> <p>In 2018, the Board of Health led the development of the 2019-2023 Strategic Plan. In September 2018, the Board of Health approved the Strategic Plan.</p> <p>The attached report details the work that has been accomplished thus far.</p>

# Hastings Prince Edward Public Health

## Strategic Plan Progress Report

### January 2019 to May 2020

#### Community Engagement



- ☑ Created Community Engagement Action Plan and presented to the BOH September 2019. Four key stakeholder groups identified to focus HPEPH's engagement initiatives:
  1. Schools
  2. Municipalities
  3. Health care professionals/organizations
  4. Priority populations
- ☑ Continued to strengthen relationships through participation in community working groups and the development of partnerships throughout the region.
- ☑ Created and launched a new website in January 2020 with improved capacity for health care providers, educators, and clients.

- ☑ Staff engagement survey conducted in August 2019 and presented to Governance Committee in November 2019. Two key recommendations resulted from the report: 1. to review and renew the performance management process and 2. to build a culture of appreciation.
- ☑ Implemented a 360° leadership assessment survey system in December 2019 to initiate performance development plans.
- ☑ Strengthened communications team through addition of Coordinator position and re-organization of reporting relationship for Communications to Foundational Standards Manager.
- ☑ Communications Strategy developed and approved by the Executive Committee in September 2019.

#### Staff Engagement and Culture



#### Population Health Assessment and Surveillance



- ☑ Population Health Assessment and Surveillance Strategy developed and presented to the BOH June 2019. Four key priority areas were established:
  1. Improve data access, organization, management and storage
  2. Incorporate a health equity approach in the collection and analysis of data
  3. Focus on assessing, interpreting and using data products
  4. Enhance population health assessment and surveillance knowledge exchange
- ☑ Developed an Evaluability Assessment Framework for program reviews.
- ☑ Completed ten evaluations for Healthy Sexuality, Tobacco Control, Healthy Eating Behaviours, Healthy Growth & Development, Oral Health, Maternal Infant Health, Built Environment, Physical Activity & Sedentary Behaviours, RSV Prophylaxis and Road Safety programs.



## Strategic Plan Progress Report— January 2019 to May 2020

### Program Standards



- ☑ School Health Situational Assessment for the 2018/2019 school year completed; presented to the BOH October 2019; service delivery model developed and evidence reviews for key topic areas underway for pilot implementation Sept 2020-June 2021.
- ☑ Ongoing review and change of positions to align with strategic planning directions and new standards within a fixed budget. Significant investment in IT, Communications and Foundational Standards as part of an overall realignment of staff positions.
- ☑ Quality assurance initiatives implemented based on multi-year planning cycle and related monitoring of results using the Results Based Accountability framework.
- ☑ Action plan to address program and organizational standards incorporated into 2019 and 2020 operational plans; some delays due to time invested in modernization process and response to COVID-19.
- ☑ Health equity strategy developed in 2018 incorporated into operational planning cycle; health equity training provided to 43 staff. Strategy identifies six priorities in order to address health equity in Hastings and Prince Edward Counties:
  1. Develop a supportive organizational culture
  2. Enhance the capacity of HPEPH workforce
  3. Prioritize health equity research and surveillance
  4. Meaningfully engage priority populations
  5. Enrich multi-sectorial collaboration
  6. Educate stakeholders to support health equity action
- ☑ 24 staff and BOH members attended a Blanket Exercise in December 2019 to increase cultural awareness; 30 staff completed Ontario Indigenous Cultural Safety Program.

- ☑ Implemented multi-year planning cycle in February 2019; evaluated and revised in February 2020. Cycle focuses on four phase planning approach including:
  - ◆ Assess the evidence
  - ◆ Recommend actions
  - ◆ Plan the implementation
  - ◆ Monitor the results
- ☑ 36 staff trained in multi-year Planning Cycle through a workshop series; 17 individual Planning Cycle projects were completed in 2019.
- ☑ Created a Policy Advocacy Framework to provide guidance on how to plan, document, monitor and evaluate HPEPH policy-related efforts. The framework provides staff and the BOH with guiding principles to operationalize policy advocacy in a strategic and coordinated fashion. Policy to be presented to the BOH in June 2020 to support the framework.
- ☑ Comprehensive prioritization exercise for health promotion topic areas completed in March 2020. Results provide overall recommendations for the focus of health promotion efforts in future and will be presented to the Board of Health in September 2020.

### Health Promotion



## Board of Health Briefing Note

<b>To:</b>	Hastings Prince Edward Board of Health – Governance Committee
<b>Prepared by:</b>	Victoria Law, Social Determinants of Health Public Health Nurse and Veronica Montgomery, Foundational Standards Manager
<b>Approved by:</b>	Dr. Piotr Oglaza, Medical Officer of Health and CEO
<b>Date:</b>	Wednesday, May 27, 2020
<b>Subject:</b>	<b>Land Acknowledgement</b>
<b>Nature of board engagement:</b>	<input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/> Strategic discussion <input checked="" type="checkbox"/> <b>Board approval and motion required</b> <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
<b>Action required:</b>	It is requested that the Board of Health, through the Governance Committee, support staff in working with local Indigenous communities for the development of a land acknowledgement statement to be later used within the context of Hastings Prince Edward Public Health (HPEPH).
<b>Background:</b>	<p>In December of 2019, the Board of Health gathered alongside select public health staff and community stakeholders to participate in the KAIROS Blanket Exercise. This exercise provided a rich opportunity for all participants to grow, develop and reflect on their understanding of the history of Indigenous peoples in what we now call Canada. The exercise aligned well with the four values of the Strategic Plan: Collaboration, Advocacy, Respect and Excellence.</p> <p>In 2018, HPEPH undertook a project, “Building Meaningful Relationships with Indigenous Peoples”. Six key themes were identified, one of which was to <i>overcome challenges to relationship building</i>. A land acknowledgement is a first step in recognizing the oppressive history of colonialism that First Nations, Inuit and Métis people have faced on the land where we live, learn, work, play and grow. The need for meaningful relationships between boards of health and local Indigenous communities and organizations is demonstrated in the Health Equity Standard of the Ontario Public Health Standards. It states (1):</p> <p><i>“Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships...”</i> (p. 22).</p> <p>Indigenous engagement is a sustained process where trust is built by ensuring Indigenous peoples have the opportunity to actively participate in decision-making from the earliest phase (2). To be effective in Indigenous engagement, models of care and promotion need to be shaped towards and with Indigenous communities and organizations. With Indigenous input and guidance, boards of health can create opportunities to adapt, enhance, and build culturally-appropriate services in public health units which Indigenous people are more likely to use, resulting in better health outcomes. (3). The Medical Officer of Health and HPEPH staff continue to strive for this level of engagement with local Indigenous communities and organizations through collaborative program planning and service delivery, as per the Strategic Plan priority of Community Engagement.</p>

Within a broad, multi-faceted Indigenous engagement approach, one important activity for boards of health to build and further develop their relationships with Indigenous communities and organizations is to recognize the traditional or treaty territories of local Indigenous peoples. Land acknowledgement statements have been increasingly used across Canada by governments, non-government organizations and various institutions as a practice of reconciliation. Its purpose is to show respect for Indigenous peoples who lived and still live on these lands by recognizing their traditional territory and acknowledging Canada's colonial history. This acknowledgement emerged in the spirit of the Truth and Reconciliation Commission. Land acknowledgments are not an explicit call to action, however they are aligned with Call to Action #47 which encourages all levels of government to "repudiate concepts used to justify European sovereignty over Indigenous peoples and lands, such as the Doctrine of Discovery" (4) .

Should the organization choose to develop a land acknowledgment, it must not be tokenistic, and the endeavor should come from a true interest with authenticity at front of mind. The HPEPH workforce must be appropriately trained on Indigenous cultural safety to demonstrate a meaningful commitment to reconciliation. There are many opportunities for this through Cancer Care Ontario's Indigenous Relationship and Cultural Safety Courses (5). Alternatively, there are opportunities through the Public Health Training for Equitable Systems Change on Indigenous Health Equity (6). These words of acknowledgement must be followed by action within the organization to be meaningful.

A land acknowledgement is typically made during the introduction of meetings, events or presentations; it is best accompanied with a moment of reflection. Land acknowledgement may also be featured on organizational buildings, websites and in e-mail signatures. It must be considered as part of regular business practices.

Developing a land acknowledgement statement must be developed in partnership with local Indigenous communities to ensure accuracy of information, pronunciation and interpretation. Examples of existing land acknowledgements across Ontario are available for review on the Association of Municipalities of Ontario website (7) . This is not an activity that can be done without consultation with the communities with whom we share our land.

Upon appropriate development of a land acknowledgement statement, it is recommended that it become standard practice at the opening of each of the following:

- Hastings Prince Edward Board of Health meetings and events
- HPEPH committee meetings with external partners
- HPEPH public events

It is further recommended that all HPEPH staff include the land acknowledgement statement in their electronic signatures and that it be included on the HPE Public Health website ([hpePublicHealth.ca](http://hpePublicHealth.ca)).

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