

ANNUAL SERVICE PLAN: FOUNDATIONAL STANDARD

POPULATION HEALTH ASSESSMENT

<p><u>A. Description</u> <i>Length = 0</i></p> <p>Please describe how the board of health plans to implement this Standard. This should include descriptions of the activities the board of health will undertake to access, develop and interpret data, prepare reports, work with internal and external stakeholders, and what the board of health expects to achieve through these activities (maximum characters of 1,800).</p>
<p>To implement this Standard, the Epidemiologist will respond to situational assessment and surveillance requests and conduct detailed analyses driven by local priorities and emerging issues. The use of tools such as Instant Atlas and GIS analysis will be used to report data spatially, to assist in identifying priority populations, and to effectively share local data. The Epidemiologist will prepare and disseminate reports of completed analyses to appropriate stakeholders, including internal staff as well as partners at LHINs and community stakeholders. The Epidemiologist will also monitor and report on syndromic surveillance data, iPHIS data, narcotic/opioid data, tick-related data, and support food-borne outbreak analysis as needed. The Epidemiologist will work with internal health equity staff to determine roles, requirements and indicators that drive assessment and surveillance activities from a health equity perspective. The Medical Officer of Health will participate on the Champlain LHIN and South-East LHIN initiatives related to Population Health Assessment.</p>
<p><u>B. Objectives</u> <i>Length = 0</i></p> <p>Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).</p>
<p>Objectives include:</p> <ul style="list-style-type: none">• The Board of Health is aware of and uses data to influence and inform the development of local public policy and its programs and services.• Planning and delivery of local public health programs and services that align with identified needs of the local population, including priority populations.• Resources are allocated to reflect public health priorities and reallocated, as feasible, to reflect emergent public health priorities.• Relevant public health practitioners and community partners receive timely information regarding risks in order to take appropriate action.• The public, Local Health Integration Networks (LHINs), community partners, and health care providers are aware of relevant and current population health information.• LHINs and other relevant community partners have population health information, including information on health equities, necessary for planning, delivering and monitoring health services that are responsive to population health needs.
<p><u>C. Key Partners/Stakeholders</u> <i>Length = 0</i></p> <p>Provide information on the internal (e.g., board of health program areas) and external partners (e.g. LHINs, municipalities, etc.) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).</p>
<p>Internal partners include staff and management for all OPHS program areas. The Epidemiologist works with internal staff to develop assessment and surveillance plans, to explain and interpret data, and to develop and disseminate reports. External partners include epidemiologists at other health units; staff and decision-makers at the Champlain and South East LHINs; Data Analysis Coordinators at local municipalities; decision-makers at local school boards; as well as other community and stakeholder groups (such as Municipal Drug Strategy Groups, Planning Tables, health care providers, etc.)</p>

D. Indicators of Success

Length = 0

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

The following indicators will be used to monitor Population Health Assessment activities:

- # of assessment and surveillance reports produced and distributed to staff and partners
- % reports that analyze data using the social determinants of health
- # meetings with Champlain and South East LHINs about Population Health Assessment
- # collaborative LHIN and Health Unit reports on population health assessment
- # of downloaded assessment and surveillance reports from external website
- # data reports used to guide program and service delivery

E. Description of Related Programs

Length = 0

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

HEALTH EQUITY

<p><u>A. Description</u> <i>Length = 0</i></p> <p>Please describe how the board of health plans to implement this Standard related to addressing health inequities (maximum characters of 1,800).</p>
<p>To implement this Standard, two of the Social Determinants of Health Nursing staff (1.5FTE) will:</p> <ul style="list-style-type: none">• lead work to develop a Health Unit position paper on health equity which will be used in the planning and development of all programs and services.• work to build the capacity of internal staff to identify priority populations and develop effective interventions to reduce health inequities, and will also consult with external partners to build their capacity to integrate a health equity approach into their work.• support internal staff to engage with priority populations, and modify programs/services to decrease health inequities.• work with the Communications Coordinator to implement a health equity communication campaign throughout Leeds-Grenville and Lanark.• continue to participate on local committees with municipalities, LHINs and other stakeholders to decrease health inequities as well as exploring new opportunities to engage with Indigenous communities.• lead and support work on meaningful Indigenous engagement <p>In addition to the above work, specific program work for priority populations funded with the Social Determinants of Health Nurse Initiative is described in the Healthy Growth and Development Standard (e.g. Prenatal Classes for Young Parents, Canadian Prenatal Nutrition Program), and the Infectious and Communicable Disease Standard (sexual health services for youth).</p> <p>The epidemiologist will prepare an Aboriginal Health Status report for Leeds, Grenville and Lanark.</p>
<p><u>B. Objectives</u> <i>Length = 0</i></p> <p>Please describe the objectives and what the board of health expects to achieve through delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).</p>
<p>Objectives include:</p> <ul style="list-style-type: none">• The board of health achieves timely and effective detection and identification of health inequities, associated risk factors, and emerging trends.• Community partners, including LHINs and the public, are aware of local health inequities, their causes and impacts.• Boards of health implement strategies to reduce health inequities.• Priority populations are meaningfully engaged in the program planning and evaluation
<p><u>C. Key Partners/Stakeholders</u> <i>Length = 0</i></p> <p>Provide information on the internal (e.g., board of health program areas) and external partners (e.g., LHINs, municipalities, etc.) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).</p>
<p>Internal partners include the Health Equity Coordinator, Epidemiologist, Planning and Evaluation Consultant, Communication Coordinator as well as staff and management in all OPHS programs. External partners include LHINs, municipalities, health care providers, and community partnerships that address the social determinants of health, including poverty alliances, planning tables, transportation committees, and housing committees.</p>

D. Indicators of Success

Length = 0

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

The following indicators will be used to monitor Health Equity activities:

- % reports that analyze data using the social determinants of health
- # meetings with external stakeholders regarding health equity
- reach of health equity media campaign (including social media), i.e. # hits on webpages related to social media, # Facebook posts related to health equity and social determinants of health
- % staff receiving training on health equity
- # (%) programs that include a priority population in the planning of a program, and # (%) of programs that are tailored to a priority population.

E. Description of Related Programs

Length = 0

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

Some of the funding provided with the Social Determinants of Health Nurse Initiative (1.5 FTE) is included in the Foundational Standard – Health Equity. The rest of the funding is spread among nurses working in the programs who have knowledge and expertise in social determinants of health and health inequity issues. Specific program work related to the Social Determinants of Health Nurse Initiative is described in the Healthy Growth and Development Standard (e.g. Prenatal Classes for Young Parents, Canadian Prenatal Nutrition Program), and the Infectious and Communicable Disease Standard (Sexual Health Services).

EFFECTIVE PUBLIC HEALTH PRACTICE

A. Description

Length = 0

Please describe how the board of health plans to implement this Standard related to the following under Effective Public Health Practice (maximum characters of 1,800):

- a) Program Planning, Evaluation, and Evidence-Informed Decision-Making;
- b) Research, Knowledge Exchange, and Communication; and,
- c) Quality and Transparency

a) The Planning and Evaluation Consultant (PEC) provides expertise to staff to conduct program evaluations for new and modified programs. The PEC supports staff in the planning process, including logic model development and evidence reviews. Hosting an evidence based decision making workshop will be explored, in partnership with the National Collaborating Centre for Methods and Tools, to build internal capacity.

b) Research activities include participation in public health networks (including APHEO and OPHEN) and Locally Driven Collaborative Research Projects with Public Health Ontario (including the CQI in Public Health, and Environmental Health projects). The Epidemiologist participates in a tick monitoring research study with the University of Ottawa. The Communications Team provides leadership and technical expertise to implement activities in the Health Unit's communication and social media strategy, including dissemination of health information messages through multiple channels, (i.e. print resources, advertising, website and social media). An Evaluation Community of Practice provides a forum for knowledge exchange on a variety of topics, including planning and evaluation, population health assessment and quality improvement.

c) Quality related activities include: development of a Quality Improvement (QI) Plan; formation of a Quality Council which will oversee the implementation of the Quality Improvement Plan; formation of Public Health Practice Committee to complement the current Nursing Practice Council; initiation of a client and community experience survey; use of scorecards to identify, monitor and communicate program performance indicators; Excellence Canada membership, including in-house training on QI methods and tools and completion of the pre-assessment for certification. To meet transparency requirements, inspection results will continue to be posted on the external website.

B. Objectives

Length = 0

Please describe the objectives and what the board of health expects to achieve through the delivery of this Standard. Only describe those objectives that will not also be reflected in other program plans in this template (maximum characters of 1,800).

Objectives include:

- Public health programs and services are reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.
- Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the factors that determine the health of the population.
- Public health research and knowledge exchange activities are reflective of effective partnerships with community researchers, academic partners, and other appropriate organizations.
- Public health programs and services are modified to address issues related to program effectiveness.
- Public health communication strategies reflect local needs and utilize a variety of communication modalities to ensure effective communication.
- Ongoing program improvements enhance client and community partner experience and address issues identified through various means.
- The public and community partners are aware of inspection results to support making evidence-informed choices.

C. Key Partners/Stakeholders

Length = 0

Provide information on the internal (e.g., board of health program areas) and external partners (e.g., LHINs) the board of health will collaborate with to carry out programs/services under this Standard (maximum characters of 1,800).

Internal partners include program staff and management in all OPHS program areas. External partners include Public Health Ontario; the University of Ottawa and Queens University, the Ministry; other health units; APHEO, OPHE, the SDOH Nurses network; Excellence Canada, and the National Collaborating Centre for Methods and Tools.

D. Indicators of Success

Length = 0

List the indicators or data elements that the board of health will be using to monitor activities related to delivering on this Standard (maximum characters of 1,800).

The following indicators will be used to monitor Effective Public Health Practice activities:

- # staff completing NCCMT workshop
- # staff completing Excellence Canada training
- # program evaluations completed
- # programs with logic models
- # programs with monitoring indicators and reports on indicators
- # of media releases, # ads, # of resources developed, social media metrics (including # new followers on Health Unit accounts), # website hits
- # QI projects completed
- completion of Excellence Canada pre-assessment

E. Description of Related Programs

Length = 0

If a related program(s) is budgeted entirely as a funding source under Foundational Standards please describe the program(s) below including the population(s) to be served. If a priority population has been identified for this program, please provide data and informational details that informed your decision, unless previously reported (maximum of 1,800 characters).

The Chief Nursing Officer initiative is entirely within this standard.

The Chief Nursing Officer is a Master's prepared nurse who reports to the Medical Officer of Health, sits on the health unit's strategic leadership team, participates in strategic planning and decision making, and facilitates the recruitment and retention of public health nursing staff.

The Chief Nursing Officer initiative provides leadership to the Health Unit to support implementation of evidence-informed public health nursing practice. The Nursing Professional Practice Council serves as a forum for consultation, advocacy, and knowledge translation for all nursing staff regarding topics such as public health ethics, health equity, infection prevention and control, population health assessment, and program planning and evaluation. The CNO initiative funds a Nursing Practice Coordinator (NPC) position that supports the CNO role and responsibilities. The NPC assists with training and application of the Core Competencies for Public Health for both staff and students. The NPC also contributes to building a learning culture by facilitating continuous learning opportunities. One of the major initiatives of the CNO for the past three years has been the RNAO Best Practice Spotlight (BPSO) program, which has supported inter professional collaboration both internally and externally, as well as provided resources for research related professional development activities such as manuscript development and conference presentations. We are only the fifth health unit to receive designation as an RNAO BPSO, and are contributing to the program's restructuring to include a more population focused approach.