

# 2020 - 2029 Strategic Priorities for the Future



Peel Public Health

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# Message from the **Chair of Regional Council and the Board of Health**

**Nando Iannicca**



As Chair of Regional Council and the Board of Health, I am pleased to share the Peel Public Health Strategic Priorities for the Future with our community. Over the next decade, Peel will continue to grow from 1.4 million to 1.8 million residents by 2031. While growth is a common theme in many municipalities in Ontario, Peel has many unique features, including its diversity with more than half of us being immigrants. The priorities presented in this document are central to provide programs and services that address the needs of Peel's unique population.

The Province has proposed a number of changes to the funding, governance and structure of local public health units like Peel Public Health. Regional Council as the Board of Health has advocated for ensuring Peel Public Health has sufficient resources to continue delivering vital programs and services to the community. By identifying the Peel Public Health Strategic Priorities for the Future, the Board of Health is ensuring that our community's investment in public health will have the most positive impact on the health of Peel residents.

The Board of Health looks forward to working with staff and community partners to continue to address the evolving public health needs of Peel residents and realize the Region of Peel's vision of **Community for Life**.

# Message from Peel Public Health

Peel Public Health, in collaboration with community members and partner organizations, is pleased to present the Strategic Priorities for the Future. Strategic priorities for public health are important to address the most significant and emerging health challenges in Peel and allow us to focus our efforts to have the most positive impact for the community. As the Province undertakes significant transformation in the public health system, these priorities will clearly articulate and advocate for the needs of Peel residents.

The Peel Public Health Strategic Priorities for the Future are:

- Practicing Effective Public Health
- Enabling Active Living and Healthy Eating
- Promoting Mental Wellbeing
- Reducing Health-Related Impacts of Climate Change
- Advancing Health Equity

These strategic priorities are the result of a comprehensive process that started in early 2018. The process included a review of mandates and key professional practice documents, consideration of new population health data, and consultation with community partners, residents and staff.

Collaboration with local Peel community partners is a cornerstone to advancing public health priorities. Over the years, Peel Public Health has worked in close collaboration with municipalities, school boards, police, the health care system, and numerous community agencies and organizations in order to achieve the desired population health outcomes. A significant consultation effort was made to ensure that our partners continue to be central in improving and maintaining the health of the Peel community.

Our hope is that this paper will inform decision-making to ensure that collectively we continue to meet the public health needs of Peel residents. Peel Public Health looks forward to working within the transformed public health system to further advance a healthy, safe and connected community.

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# Executive Summary

This document presents strategic priorities based on the public health needs of Peel residents, now and in the future.



## Practicing Effective Public Health

**Vision:** Evidence informed decision-making, quality improvement and effective service delivery continue to support programs to improve the overall health of the population.



## Enabling Active Living and Healthy Eating

**Vision:** Peel residents live in a community that supports healthy eating and active living.



## Promoting Mental Wellbeing

**Vision:** Peel residents live in socially supportive and connected communities where they experience high mental wellbeing and low mental illness.



## Reducing Health-Related Impacts of Climate Change

**Vision:** Peel residents and communities are more resilient to the adverse health outcomes and hazards of climate change.



## Advancing Health Equity

**Vision:** Health inequities among Peel residents are identified and programs are designed with a deeper understanding of the social disadvantages that affect health.

Our local strategic priorities are the result of a comprehensive process of analysis and consultation that Peel Public Health started in 2018. However, in April 2019 the Provincial Government announced a transformation of the Ontario public health sector that could see the creation of new regional public health entities with new boundaries. Even so, the identification of local public health priorities ensures that, regardless of the governance structure, public health initiatives are focused on the right things, receive the resources needed for success, and adapt to the changing realities of Peel communities.

This document describes the Public Health Way followed by the five strategic priorities that address the public health needs of Peel residents. Additionally, it outlines important considerations to move these priorities forward. This Plan was originally developed in 2020 to reflect the organization's priorities and direction at that point in time. As a living document, it is reviewed and updated regularly to ensure it remains current, relevant, and responsive to changing needs and opportunities.

# Introduction

Public health works towards improving health and quality of life, decreasing death and disease, and reducing health inequities among population groups.<sup>1</sup> Improving the health of Peel's residents requires a strategy that is uniquely tailored to the needs of our population: one that considers our diverse community – over half of which are immigrants – and a rapidly growing and aging population. In effect, Peel's population is currently about 1.4 million, and is projected to be close to 1.8 million by 2031.<sup>2</sup> This is expected to generate a greater demand for services to meet community needs.

The Ontario Public Health Standards require Boards of Health to identify their priorities through a multi-year strategic plan. In 2018, Peel Public Health started a comprehensive process to develop strategic priorities that address our community's current and emerging public health issues. Our strategic priorities were developed following a status assessment of our 2014-2019 priorities (Appendix A); a review of the latest population health data and key reference documents; and public, stakeholder and staff consultations (for further details see Appendix B). It should be noted that although all public health work is important, some of our work requires a level of attention, planning and additional resourcing to achieve significant gains in the health of the general public. We refer to this work as our strategic priorities.

Based on our comprehensive process of analysis and consultation, the five priorities for Peel are:

- Practicing Effective Public Health
- Enabling Active Living and Healthy Eating
- Promoting Mental Wellbeing
- Reducing Health-Related Impacts of Climate Change
- Advancing Health Equity

Earlier this year the Provincial government communicated its intention to significantly change the way public health is run in Ontario. The current proposal is to create new and larger regional public health entities by merging existing public health units; standardizing the governance of those entities under new, autonomous Boards of Health; and reducing public health funding.

In light of the proposed provincial changes, Peel Public Health is sharing identified priorities from a completed strategic planning exercise. These should be considered and addressed to positively impact the health of Peel residents, regardless of any future changes to public health structure and governance.

Advancing these public health priorities requires local partnerships. Remaining connected to our local communities ensures public health remains responsive to local needs. Peel Public Health looks forward to working together with partners and the new regional public health entity to address the public health needs of our unique population.

# Objective

This document presents strategic priorities based on the public health needs of Peel residents to inform planning for public health programs and services in Peel regardless of structure and governance. The strategic priorities represent areas of work that require focus and attention in planning and resourcing in order to achieve significant gains. This does not negate the importance, or the continuation of all mandated public health work.

This document introduces the public health approach, followed by a description of the priorities to address the public health needs of Peel residents, and considerations for moving forward.

# The Public Health Way in a Modernized Ontario Public Health Sector

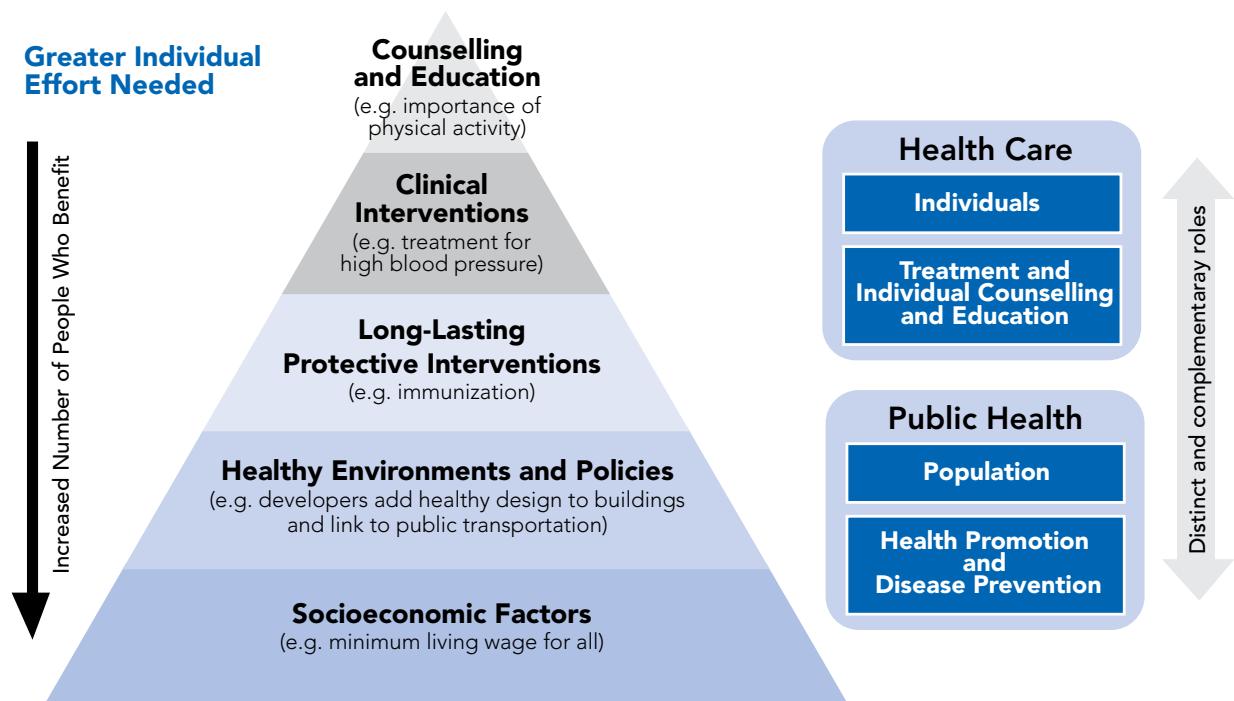
The goal of public health is to keep people healthy and reduce their risk of ever becoming sick in the first place. Public health services reduce health care costs by preventing illness and injury. Research shows that for every dollar invested in public health, communities receive an eight dollar return on investment through avoided costs to health and social services.<sup>2</sup> Public health does not work alone. Our interventions are most effective when done in partnership with agencies, community groups, and government. Public health also complements primary health care. To achieve this complimentary effect (see Figure 1), public health focuses on interventions with the greatest potential impact across a population where an increased number of people benefit.

The *Ontario Health Protection and Promotion Act* and the 2018 Ontario Public Health Standards outline the requirements for public health programs, services, and accountability. According to the Ontario Public Health Standards, the core public health functions are assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management.

The public health way includes:

- Employing a population health approach focused on “upstream” efforts to promote health and prevent diseases, to improve population health, and address differences in health between groups.
- Expanding public health work beyond a traditional focus on disease and disability and also addressing people’s mental and social wellbeing.
- Using a life-course approach to health, which means acknowledging differences in risks and opportunities across the lifespan including critical periods, from pregnancy to childhood to early and late adulthood, as well as the cumulative effect of exposures and experiences across all life stages.
- Applying a health equity lens to address social disadvantages that limit opportunities for optimal health, thus helping more people reach their full health potential.
- Utilizing public health evidence, best practices and effective program planning, delivery, evaluation and management.
- Being ethical, transparent and publicly accountable.

These foundational approaches to doing public health work enable us to capitalize on the experiences, tools and insights we all bring to the table to continue to provide strong public health practice to tackle complex health problems. Being able to appropriately act on problems requires the application of public health approaches combined with collaboration with partners in order to achieve positive health outcomes for our population.



**Figure 1:** How Public Health Complements Primary/Acute Care (Adapted from Health Impact Pyramid<sup>3</sup>)

# Strategic Priorities



**Figure 2:** Synergies among Priorities

The public health priorities that have been identified for Peel are shown in Figure 2. As illustrated, these priorities complement each other by building on synergies that will maximize impact.



## Practicing Effective Public Health

### Priority Vision

The work of public health is to effectively address local health issues and improve the overall health of the population. To do so, every public health program should have access to the best available data and other evidence, and have the skills necessary for knowledge exchange, program planning and evaluation, and continuous quality improvement.

### The Problem

To meet the ever-increasing health needs of a rapidly growing and aging population during a time of stretched resources, public health must ensure that (1) program decisions are informed by the best information available, and (2) the most effective interventions are identified in order to maximize the health impact in Peel's specific context. Practicing effective public health means:

- Focusing on meaningful health outcomes. Using research and other evidence to identify the best interventions for the local context. Using research and other evidence to identify the best interventions for the local context.
- Using research and other evidence to identify the best interventions for the local context.
- Identifying gaps in services and policy that contribute to illness and injury.
- Clear accountability, evaluation and monitoring.

Achieving this and maintaining our reputation as a credible source of the most reliable public health information are challenging because the complex nature of public health problems requires constant attention to our workforce's ability to (1) assess multiple types of information from research, programs and the community, and (2) respond with public health interventions appropriate to our local context.

### Specific Considerations for Peel

- Over the last ten years, Peel Public Health has developed a set of methods and tools to support evidence-informed public health practice and has built a supportive infrastructure (e.g. team structures, new roles, staff skill development) to apply these methods.
- Effective public health practice is well established, with trained staff, central specialized teams, and a culture of inquiry among staff.
- There are further development opportunities in program planning, implementation and evaluation, integration of multiple types of evidence, as well as continuous quality improvement.
- Community engagement and health equity initiatives need to be better integrated within our public health practice.

## Related Provincial Mandate

Effective public health practice is part of the Ontario Public Health Standards, adopting a comprehensive approach including quality improvement, the continuum of evaluation and new research, knowledge exchange and multi-modal communication requirements.

## What Public Health Can Do

### Short-term:

- Further define roles and responsibilities at the leadership and team level.
- Continue training our workforce in the use of existing tools, while prioritizing the development of new tools.
- Ensure coordination and integration with other public health priorities.
- Improve work on implementation, monitoring, quality improvement and evaluation, with clear measures linked to outcomes.

### Long-term:

- Greater commitment and action on effective public health practice is fostered among leadership and staff.
- New tools and resources for effective public health practice are available.
- Evidence-based processes are embedded within the organization for planning, implementation, and evaluation to inform locally-relevant programming.



## Enabling Active Living and Healthy Eating

### Priority Vision

Peel residents live in a community that supports healthy eating and active living. Chronic disease risks are reduced because people eat well, are active throughout the day, and reduce their sedentary behaviour and screen time.

### The Problem

Major chronic diseases, such as cardiovascular disease, cancer, respiratory disease and diabetes, place a significant burden on the daily living, productivity and health of individuals, also contributing to an increasing demand on the health-care system.<sup>4</sup> Behaviours such as physical inactivity and unhealthy eating together with tobacco use are shown to have the greatest impact on reduced life expectancy in Ontario.<sup>5</sup> Strong evidence indicates that providing information alone is insufficient to achieve behaviour change on a wide scale. Healthy behaviours are more likely to be adopted by creating healthy environments that support healthy decision-making.<sup>6</sup> Starting in early life can also maximize the opportunities for primary prevention and the development of lifelong healthy behaviours.

## Specific Considerations for Peel

- Chronic diseases account for 80 per cent of the leading causes of death.<sup>B</sup>
- While in Peel there has been a decrease in tobacco use,<sup>C</sup> other chronic disease risk factors such as high levels of physical inactivity and unhealthy eating remain concerning:
  - There has been no change in fruit and vegetable consumption over the past decade,<sup>C</sup> with only 38 per cent of residents (similar to Ontario) consuming five or more times a day.<sup>D</sup>
  - There has been no change in physical activity over the past decade,<sup>C</sup> with only a quarter of residents (similar to Ontario) engaging in physical activity during leisure time.<sup>D</sup>
  - In 2017, two-thirds of grade 7 to 12 Peel students (higher than Ontario) spent an average of two or more hours of recreational screen time per day.<sup>E</sup> This trend remained stable between 2013 and 2017.<sup>F</sup>
- Peel is still predominantly automobile-oriented. Despite efforts to support healthy land use decision-making and to build complete communities for chronic disease prevention, the majority of Peel's residents (81 per cent, similar to Ontario) commute to work in a car, truck or van.<sup>G</sup>

## Public and Stakeholder Perspectives

- Community partners such as local municipalities, school boards, early years and child care sectors are also concerned about chronic disease prevention, access to healthy, affordable food in the community, and healthy eating and beverage consumption.
- This priority was rated as being "very important" by public members who participated in consultations, highlighting the need for affordable access to healthy food and physical activity across the lifespan.
- This priority was rated as "important" or "very important" by physicians who participated in an online consultation.

## Related Provincial Mandate

The Ontario Public Health Standards mandate the development and implementation of a program of public health interventions that address risk and protective factors to reduce the burden of illness from chronic diseases in the population.

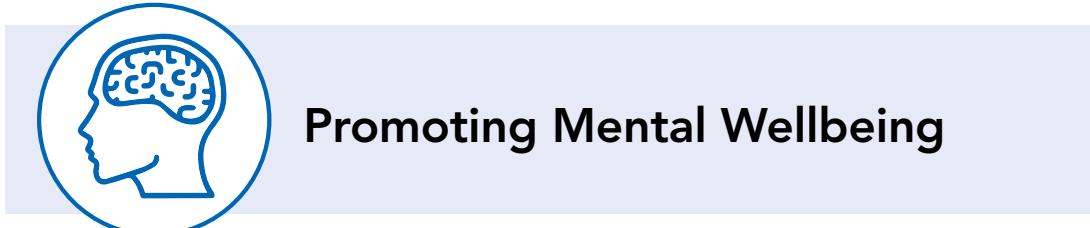
## What Public Health Can Do

### **Short-term:**

- Determine data gaps and complete relevant community mapping (e.g. assessing neighbourhood walkability and food environments).
- Continue to identify opportunities to make healthy choices easier in settings where residents spend significant amounts of time, such as early years and child care settings, schools, workplaces, and public spaces.
- Identify priority populations as well as health equity approaches for those in greatest need.
- Identify opportunities for social marketing and other health communication.
- Work with partners to further promote land use and transportation policies that support active living.

#### **Long-term:**

- Key settings promote active living and healthy eating, while advancing health equity.
- Community partners have the support needed to improve the health impact of relevant municipal and institutional policies (e.g. land use, transportation, child care).
- Effective health communication is established.



#### **Priority Vision**

Peel residents live in socially supportive and connected communities where they experience high mental wellbeing and low mental illness for positive health outcomes. There is an increase in Peel resident's exposure to protective factors for mental wellbeing (e.g. physical activity) and a reduction in their exposure to risk factors for mental illness (e.g. problematic substance use).

#### **The Problem**

The high burden of mental illness and addictions on the Ontario health system has been identified as a priority by the provincial government and leading health organizations.<sup>7,8,9</sup> Mental illness is also one of the risk factors common to several chronic diseases (e.g. cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes).<sup>10,11</sup> The mental health of parents also affects the health and well-being of children and families. For example, mental illness during pregnancy or after giving birth can disrupt the development of secure attachment at a time when infants are most vulnerable.<sup>12</sup>

Given this significant burden, public health has a central role in complementing acute health services and decreasing the demand for treatment by strengthening population-based strategies aimed at promoting mental wellbeing<sup>i</sup> and reducing the risk of mental illness and addictions. While related, mental health is a positive concept and more than the absence of mental illness. Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health.

#### **Specific Considerations for Peel**

- A majority of Peel residents (72 per cent, similar to Ontario) self-rated their mental health as excellent or very good.<sup>D</sup>

<sup>i</sup> Mental health refers to "a state of wellbeing in which every individual realizes his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (WHO, 2004).

Mental health is more than the absence of mental illness; it is an overarching term capturing two dimensions that operate on separate continua: mental well-being and mental health disorders.

- Mental well-being refers to one's life satisfaction, happiness, and pro-social behaviour.
- Mental health disorders include a wide range of illnesses that affect mood, thinking and behaviour, or symptoms that interfere with emotional, cognitive and social function.

- Since 2013, there have been increases in emergency department visits for substance-related mental health disorders,<sup>ii</sup> anxiety and mood disorders. Emergency department visits for all mental health disorders have more than doubled among individuals younger than 24 years.<sup>ii, i</sup>
- In 2017, 39 per cent of Peel students in grades 7 to 12 reported moderate-to-high levels of psychological distress.<sup>E</sup>
- In Peel, 26 per cent of individuals aged 15 and older have a family member who has problems with their emotions, mental health or use of alcohol or drugs.<sup>J</sup>
- Six per cent of Peel residents (similar to Ontario) aged 15 years and older had suicidal thoughts in their lifetime.<sup>K</sup>
- In Peel, the proportion of residents who are current drinkers<sup>iii</sup> (64 per cent) represent the majority of the population aged 12 years and older.<sup>C</sup> This proportion is significantly lower than Ontario (73 per cent) and has declined over the past 15 years.<sup>C</sup>
- The number of opioid-related deaths in Peel increased from 21 to 81 between 2013 and 2017.<sup>13</sup>

## Public and Stakeholder Perspectives

- There is an overall alignment with the priorities of the Peel school boards and police services.
- This priority was rated as “very important” by members of the public who participated in consultations, expressing the need for additional and improved access to mental health services.
- This priority was rated as “important” or “very important” by physicians who participated in an online consultation.

## Related Provincial Mandate

Mental health and substance use prevention requirements are explicitly included across several Ontario Public Health Standards and supported by the Mental Health Promotion Guideline and the Substance Use Prevention and Harm Reduction Guideline.

## What Public Health Can Do

### Short-term:

- Develop a comprehensive and coordinated mental health promotion strategy by:
  - Reviewing the public health mandate, common practices and role.
  - Identifying a conceptual framework for mental health.
  - Reviewing relevant health status data, programs and services.
  - Analyzing the political, economic and/or social factors influencing work related to mental health promotion.
- Work with partners to maximize opportunities for impact.

<sup>ii</sup> Substance-related mental health disorders involve different intellectual, behavioural and biological symptoms resulting from continuous use of a substance despite experiencing substance-related issues. Substance-related mental health disorders include: alcohol misuse/dependence, cannabis misuse/dependence, and other drug misuse/dependence.

<sup>iii</sup> A current drinker is defined as a person who has consumed a drink of beer, wine, liquor or any other alcoholic beverage in the past 12 months. Current drinkers can be further described as regular drinkers and occasional drinkers.

**Long-term:**

- A mental health promotion strategy with ongoing monitoring is implemented.
- The public health workforce is better equipped with the knowledge and skills needed to advance work in mental health promotion.



## Reducing Health-Related Impacts of Climate Change

### Priority Vision

Peel residents and communities are more resilient to the adverse health outcomes and public exposure to health hazards related to climate change, with a focus on public health emergency management and mitigating the effects of rising temperatures, vector-borne diseases, food and waterborne illness, food insecurity, poor air quality, extreme weather events, and UV exposure.

### The Problem

The earth is warming due to an increase in greenhouse gas emissions. A changing climate will impact human health through increasing temperature-related morbidity and mortality; intensifying the harmful effects of poor air quality; increasing the risk of injury and loss of life from extreme weather; increasing illness through food and water contamination, as well as vector-borne disease (e.g. disease carried by mosquitoes and ticks); increasing stress and harming mental health; and displacing communities (e.g. due to flooding).<sup>14,15</sup>

Certain populations may be more vulnerable to the effects of climate change, including seniors, children, socially isolated individuals, people with chronic health conditions or disabilities, and socially or economically marginalized families. One of the largest concerns associated with climate change is its potential to worsen existing health inequalities by increasing the health burden on already vulnerable groups, particularly among those with minimal social support, education or economic resources.

### Specific Considerations for Peel

- Peel is already experiencing:
  - Increased annual and seasonal mean temperatures.
  - Increased total precipitation annually and in all seasons, except the summer.
  - A shift in the growing season, starting earlier and ending later in the year.
  - Milder winters.<sup>4</sup>

- Peel's changing temperature and precipitation patterns<sup>16</sup> are resulting in Peel being a more suitable area for disease vectors (e.g. mosquitoes and ticks), similar to many regions in Ontario.<sup>4</sup>
- Peel's largest sources of greenhouse gas emissions are from energy use and transportation.<sup>17</sup>
- In Peel, the number of emergency department visits due to extreme weather is presently low (similar to Ontario), though there is variability year to year. <sup>H,I</sup>

## Public and Stakeholder Perspectives

- This priority is aligned with our community partners' priorities, including local municipalities.
- Our partners are interested in data-sharing and collaboration related to this priority.
- This priority was rated as "very important" by members of the public who participated in consultations, with some participants highlighting the importance of intergovernmental work.
- This priority was rated as "important" or "very important" by physicians who participated in an online consultation.

## Related Provincial Mandate

The Ontario Public Health Standards require public health units to assess the health vulnerability of their community, monitor health impacts, and engage partners to develop and promote strategies that reduce the health impacts of climate change.

## What Public Health Can Do

### **Short-term:**

- Assess the current state, identify data needs, gaps and most effective interventions.
- Define public health's role and vision for this priority.
- Develop systems, tools and procedures, such as:
  - A surveillance system, including extreme weather events.
  - Identification of vulnerable populations affected by climate change.
  - Develop measures to assess local community resilience to climate change and prioritize threats, as part of public health-related adaptation planning.
- Develop a knowledge exchange and communication strategy.
- Determine impactful partnerships that should be continued or developed.

### **Long-term:**

- A robust emergency response system is established with relevant tools, procedures, and coordination of systems.
- There is agreement with partners on policies and strategies to reduce the public health impacts from climate change and increase individual resiliency to climate change.



# Advancing Health Equity

## Priority Vision

Health inequities among Peel residents are identified, with a deeper understanding of root causes and the social disadvantages that limit opportunities for health. Planning and intervening with relevant stakeholders and priority populations would inform and support actions to reduce inequities.

## The Problem

Health is not spread equitably. The people with the lowest income levels in Ontario are nearly twice as likely to report having multiple chronic conditions as people with the highest income levels, which impacts individuals and communities through health service utilization, lower productivity and other social costs.<sup>18</sup> Factors like income, housing, education, employment, sense of belonging, and our early years are often linked with differences in health outcomes and in lifespan. Opportunities for health increase when these social factors are addressed, as identified by the Chief Medical Officer of Health's reports *Improving the Odds: Championing Health Equity*, and *Connected Communities: Healthier Together*.<sup>19,20</sup>

## Specific Considerations for Peel

- Peel residents in the lowest income levels are less likely to have access to a regular physician, have dental insurance, visit a dentist and visit an eye specialist compared to those with higher income.<sup>1</sup> In addition, they are more likely to become a high user of health care resources.<sup>1</sup>
- Youth and young adults are at higher risk for poor mental conditions and utilization of health care for mental health issues. Youth and young adults also experience higher rates of sexually transmitted infections.<sup>21</sup>
- Students who identified as Latin/Central South American, Black and West Asian/Arab were less likely to report a sense of belonging at school compared to other students.<sup>2</sup>
- Gender differences require further analysis and action. For instance, males are more likely to smoke cigarettes, drink alcohol, use cannabis, and are less likely to consume vegetables and fruit.<sup>21</sup> Rates of several chronic conditions are higher among males compared to females (e.g. ischemic heart disease, lung cancer, colorectal cancer, chronic obstructive pulmonary disease, and diabetes).<sup>21</sup>

## Public and Stakeholder Perspectives

- Aspects of health equity align strongly with current work being done by our partners, including:
  - Long Term Care.
  - Local police, who have a number of initiatives that align with health equity (e.g. human trafficking).

- This priority was rated as “very important” by members of the public who participated in consultations.
- This priority was rated as “important” by physicians who participated in an online consultation.

## Related Provincial Mandate

Health equity is an Ontario Public Health Foundational Standard and supported by the Health Equity Guideline and the Relationship with Indigenous Communities Guideline.

## What Public Health Can Do

### Short-term:

- Develop an orientation to health equity to contribute to more effective public health practice.
- Identify practices to embed health equity in all public health programs.
- Address data gaps (e.g. gather better data on service delivery, develop data sharing agreements, and use Electronic Medical Records appropriately).
- Conduct workforce development and training (e.g. anti-oppression,<sup>iv</sup> anti-racism, understanding inequities) to support staff in integrating key concepts into their work.
- Develop a workplan for advancing health equity through stronger community engagement.<sup>v</sup> This includes understanding the assets and challenges of our various communities in order to better support them in developing opportunities to be healthy.

### Long-term:

- Health equity goal-setting and strategies are reflected in programs, policies and services as part of a population health approach.
- There is organizational capacity for anti-oppressive practice.
- To support health equity work, community members and partner organizations are engaged in a wide range of work, including data gathering and analysis, planning, implementation, and assessment.
- Measurable reduction of health inequities are monitored to identify those that continue to require attention.

<sup>iv</sup> Anti-oppressive practice refers to the strategies, theories, actions, and practices that seek to recognize the systems of privilege and oppression that exist in society, to actively mitigate their effects, and to equalize power imbalances over time. This requires individuals and institutions to acknowledge and accept responsibility for their role in perpetuating oppression, whether intentionally or unconsciously (Ministry of Health, Health Equity Guideline, 2018).

<sup>v</sup> Community engagement is a process, not a program. It is the participation of members of a community in assessing, planning, implementing, and evaluating solutions to problems that affect them. As such, community engagement involves interpersonal trust, communication, and collaboration. Such engagement, or participation, should focus on, and result from, the needs, expectations, and desires of a community’s members (Ministry of Health, Health Equity Guideline, 2018).

# Moving the Strategic Priorities Forward

## Where Public Health Should Be: Desired Outcomes

The identification of health priorities for Peel region is an opportunity to focus efforts on advancing health in Peel communities. The strategic priorities outlined in this document are related to the following long-term outcomes:

- A workforce highly skilled at using the best available evidence in its public health practice.
- Residents are more active and eat healthier across the lifespan.
- Higher mental wellbeing and lower mental illness among residents.
- Reduced negative health outcomes of climate change.
- Residents are less subject to social disadvantages affecting their health.

## Facilitators Needed to Get There

Peel Public Health's experience shows that successfully achieving the priorities will require sustained focus, extra resources, and coordinated organizational efforts, with opportunities to build on existing assets and previous work. Examples of existing Peel Public Health interventions that align with these strategic priorities for the Region are identified in Appendix C.

The following facilitators will need to be embedded into public health culture and practice to support achievement of the priorities. These are:

- Keeping the "local" in local public health and engaging with the community.
- Building a capable workforce for the future.
- A life-course approach.

Each of the facilitators are described in detail below.

### Keeping the "local" in local public health and engaging with the community

Local public health has a unique mandate not fulfilled by any other organization at the local level because only public health focuses on upstream population-level approaches to prevent injuries and illnesses. As emphasized in the Ontario Public Health Standards, an advantage of a strong public health sector is that it is responsive to local health priorities through collaborative engagement with local partners such as municipalities, schools, health care professionals, community organizations and residents.

Public Health can ensure the provision of strong and tailored services to residents by maintaining and strengthening existing connections and intentionally engaging with communities in the new regional public health entity. Since community engagement is complementary to health equity work, organizational capacity is needed to apply principles of anti-oppressive practice as outlined in the 2018 Health Equity Guideline

issued under the Ontario Public Health Standards. Community engagement employs a strategy whereby Public Health can effectively engage with the population to better understand the problem and build effective interventions as a result.

## **Building a capable workforce for the future**

A human resources strategy is a requirement under the 2018 Ontario Public Health Standards. Effective public health practice requires a workforce with the right mix of roles, knowledge, skills, and attitudes, and the right systems and processes to recruit and retain top talent. An effective strategy will ensure Public Health's workforce has the ability to deliver on public health outcomes using public health processes. To achieve our public health goals, our workforce must be adaptable to changing societal norms and emerging technologies.

Peel Public Health has focused on workforce development as a strategic priority for the past 10 years, achieving success in many areas by operationalizing workforce improvements into day-to-day work. Examples of some successes include:

- Developing the OnTrack onboarding program for new staff.
- Conducting a bench-strength analysis for manager positions.
- Revising job descriptions and developing a strategy for public health nursing development.

While Peel has been working on these areas to incorporate them into operational work, there is still a need to focus on leadership development and succession planning, academic/research partnerships, and workforce development for new initiatives.

## **A life-course approach**

The World Health Organization defines a life-course approach as deploying effective interventions throughout a person's life. The approach starts with the early years, but it also continues to prevent disease and promote health during critical periods throughout the lifetime.<sup>22</sup> The life-course approach recognizes differences in risks and opportunities for health throughout the life-course including critical periods, as well as the cumulative effect of exposures across all life stages.<sup>22</sup>

Experiences in early life set a foundation for health throughout the entire life-course.<sup>23</sup> Health in early life ultimately impacts the future health of communities and this health trajectory begins during the preconception period, starting with the health of the parents.<sup>4</sup> At the other end of the lifespan, Peel has an aging population, a shift that is expected to continue over the next 20 years as the proportion of those in the older age groups increases.<sup>A</sup> Appropriate public health strategies are needed to ensure that good health is promoted throughout the life-course.

## **Implementation and Monitoring**

Implementation and monitoring frameworks are important when planning for different priorities. Building on best practices, lessons learned and in consultation with other public health units, the following elements are recommended for the new Board of Health of the regional public health entity:

- **An identified leadership committee that includes staff and management.** This committee will make strategic decisions on the direction of priorities, coordinate and be accountable to the priorities, and ensure adequate monitoring to assess progress.

- **Priority specific co-leads.** To maximize staff engagement and ownership, staff and senior management co-leads are recommended for each priority. Priority co-leads from the leadership committee would be responsible for priority-specific planning, reporting and ensuring the priorities are being operationalized.
- **A secretariat function to support project management.** This includes dedicated staff to support project management, coordination across all priorities, and monitoring and implementation of the priorities.
- **A centralized planning approach.** This will involve the adoption of standard planning models, tools and strategies to track progress. It is important that the planning approach provides flexibility for adapting to a diversity of programs and contexts.

To ensure the priorities are on track, it is also recommended that within the first year of implementation:

- A governance structure for the priorities and a project charter is determined.
- Initial background work has started.
- Population health outcomes are identified.

For the second year of implementation:

- A work plan with activities, as well as metrics for performance measures and health outcomes is determined.

Reporting should occur at standard intervals using a consistent reporting format. It is recommended that priority specific co-leads report to the leadership committee every six months and report to the new Board of Health of the regional public health entity every year or as needed.

# Conclusion

This document presented strategic priorities based on the public health needs of Peel residents, now and in the future. Our local strategic priorities were the result of a comprehensive process of analysis and consultation Peel Public Health started in 2018. The following five priorities were identified as central to answering to the public health needs of Peel's residents:

- Practicing Effective Public Health
- Enabling Active Living and Healthy Eating
- Promoting Mental Wellbeing
- Reducing Health-Related Impacts of Climate Change
- Advancing Health Equity

Advancing these priorities will require developing, maintaining and strengthening collaborations with local municipalities, schools and school boards, health system partners, and community organizations.

With the pending creation of new regional public health entities that cover significantly larger territories and populations, it is very important to remain responsive to local community needs and partnerships. In other words, keeping the "local" in local public health. Doing so will help ensure our new regional public health entity is nimble, resilient and efficient, thus supporting the province's goal of building a connected and sustainable health care system, while answering to local needs and maximizing opportunities for new partnerships.

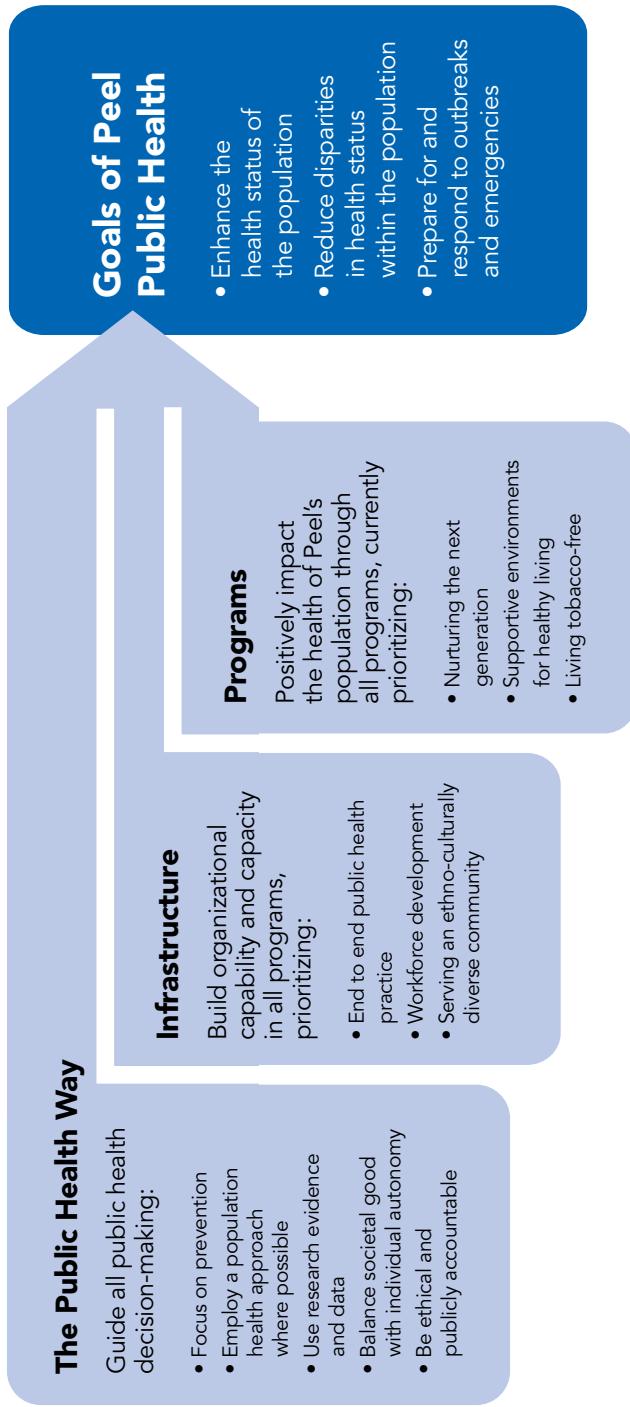
While Peel Public Health has seen great success over the years, there is still much to be done. Peel Public Health's capacity as a high-performing public health unit that is a leader in the use of evidence and effective practices to address local needs will be an asset in the creation of the new regional public health entity that is responsible for Peel residents. Supporting the spectrum of action of the public health mandate, the priorities identified in this document will help public health remain responsive to local public health priorities through targeted and tailored programs and services. It is hoped that this document will inform the new Board of Health of the regional public health entity about the public health priorities of our local population.



# Appendix A

## Peel Public Health 2014-2019 Strategic Priorities

### Setting the Pace: Peel Public Health Strategic Plan 2014-2019

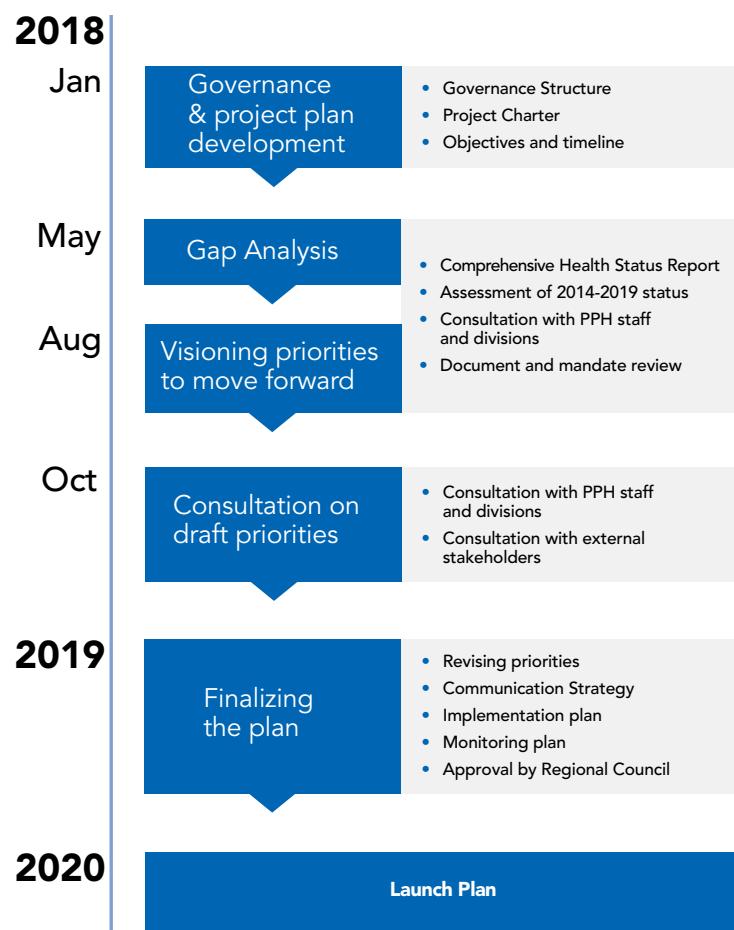


# Appendix B

## How did Peel Public Health get here?

The process of identifying new public health priorities for Peel took about two years from 2018 to the Fall of 2019 and was under the direction of the Medical Officer of Health. A Steering Committee comprised of Directors, Associate Medical Officers of Health and Manager representatives from all divisions was established to provide strategic direction to the process and identification of priorities. A Reference Group with staff representing all public health divisions served as an advisory body to the Steering Committee.

The process of identification of strategic priorities is illustrated in Figure 3.



**Figure 3:** Process for Identification of Peel Public Health Priorities

Peel Public Health examined the multiple sources of information to identify priority areas for Peel, as illustrated in Figure 4.



**Figure 4:** Sources of Information Supporting the Selection of Peel Public Health Priorities

The recently completed Comprehensive Health Status Report,<sup>4</sup> which represents the state of health and the health promoting and risk factors in the Peel community, played a key role in the identification of emerging health issues and potential priorities to consider.

The Peel Public Health strategic priorities for 2014-2019 were examined in order to identify successes and challenges and where the priority currently stands in its life cycle. Factors that contributed to and hindered success were identified to inform the new strategic plan. This was reported to Peel Regional Council (Board of Health) on February 14, 2019.<sup>24</sup>

In addition to looking at provincial and regional mandates, including the 2018 Ontario Public Health Standards, a comprehensive review of relevant documents (internal and external to Peel Public Health) was conducted to identify areas of focus for our work. Staff representatives from all Peel Public Health divisions were involved in identifying these documents and verifying that all potential sources of information were covered. Some of these documents included guidelines, provincial reports and publications from partners.

A thorough Peel Public Health staff engagement process was conducted to ensure their input in the identification of Peel Public Health priorities. Drop-in sessions were held in early 2018 to share information about the development process with staff. There were also team-based and individual surveys that staff participated in to identify emerging areas and share perceived facilitators and barriers to potential priorities moving forward. Staff also participated in divisional meetings and engagement boards.

Similarly, partners were also consulted throughout the priority development process. A stakeholder mapping exercise was conducted to understand Peel Public Health's collaboration with over 150 partner organizations. In-person consultation meetings were held with the municipal CAO offices of Mississauga, Brampton and Caledon, William-Osler Health System and Trillium Health Partners (our local hospitals), Peel District and Dufferin-Peel Catholic District School Boards, local community health centres, Central-West and Mississauga-Halton Local Health Integration Networks, and representatives from other departments at the Region of Peel as well emergency services such as fire and paramedics. Peel physicians, who work with Peel Public Health, were consulted through surveys to gain their feedback on the priorities. Consultations with members of the public entailed surveys to more than 160 participants, among clients to clinics and volunteers of various programs.

# Appendix C

## Examples of Work Underway for Peel Public Health Strategic Priorities

### Practicing Effective Public Health

- Developing an Effective Public Health Practice framework, approach and tools.
- Establishing specialized research and policy analysis teams in all divisions with centralized support staff (e.g. analysts, advisors, librarians, knowledge brokers).
- Supporting skill diversification of the workforce in key roles (e.g. research and policy analysts).
- Implementing a comprehensive on-boarding and training strategy for new staff.
- Completing more than 75 research reviews, 13 environmental scans and 15 health status/surveillance technical reports, along with work on evaluation, policy, and community assessment.

### Enabling Active Living and Healthy Eating

- Impacting community settings such as schools, child care centres, affordable housing, and workplaces. For example:
  - Nutrition Information and Support Services and Collaboration with Schools and Child Care Centres.
  - Peel Regional Official Plan Amendment (ROPA 27), which mandates the application of health-based criteria into land-use planning processes and documents.
  - Active Building Design Guidelines and Tools for settings such as affordable housing and recreation centres.
- Conducting population health assessment, monitoring and surveillance for:
  - Healthy Development Monitoring Map
  - Community Nutrition Environment Mapping
  - Consumer Nutrition Environment
  - Infant Feeding Surveillance

### Promoting Mental Wellbeing

- Completing an evidence review identifying a conceptual framework of factors influencing the mental health of school-aged children and youth.<sup>25</sup>
- Engaging with vulnerable families to improve the physical, emotional, social and cognitive development of children by building and enhancing networks of nurturing, responsive relationships.<sup>26</sup>

## Reducing Health-Related Impacts of Climate Change

- Providing a 24/7 response system to ensure that on-call staff can receive and respond to urgent and emergent public health issues.
- Identifying and responding to health hazards related to climate change (e.g. communication and development of health protective policies).
- Working with partners to support relevant policies and initiatives (e.g. infrastructure and transportation related, air emissions, climate change).
- Conducting population health assessment of health-related harms and surveillance of vectors and reportable vector-borne, foodborne, and waterborne diseases.
- Conducting research and specialized assessments of public health risks, for example:
  - Air quality modelling for current and future estimates.
  - Consultations on air quality monitoring programs and work with partners regarding air quality studies.
  - Research review on traffic-related air pollution.
  - Vulnerability assessments to map populations vulnerable to the risks posed by climate change.

## Advancing Health Equity

- Monitoring and measuring of health disparities in the population to identify priority populations and improve reach and impact.
- Participating in the Community Safety and Wellbeing Plan<sup>vi,vii</sup> led by the Region of Peel to address injuries from violence and promote health equity.
- Advancing foundational work to promote Indigenous Cultural Safety, building capacity for community engagement with Indigenous populations.
- Implementing an initial workforce development plan to introduce the concepts of health equity and explore how these might be incorporated into the strategy and operations of all divisions of Peel Public Health.

<sup>vi</sup> Community safety and well-being is the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families can meet their needs for education, health care, food, housing, income, and social and cultural expression. (Ministry of Community Safety and Correctional Services, 2017).

<sup>vii</sup> The Police Services Act, 2018 includes new requirements for municipal councils to prepare and adopt a community safety and well-being plan by January 1, 2021.

# References

1. Ontario Public Health Standards (2018), issued under the Ontario Health Protection and Promotion Act, 1990.
2. Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public interventions: a systematic review. *British Medical Journal*. 2017; 71:827-34. Available from: <https://jech.bmjjournals.org/content/71/8/827>
3. Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health*. 2010 Apr;100(4):590-5
4. Region of Peel – Public Health. The Changing Landscape of Health in Peel. A Comprehensive Health Status Report. 2019. Available from: <https://www.peelregion.ca/health/resources/pdf/CHSR-changing-landscape-health-peelfull-report.pdf>
5. Manuel DG, Perez R, Bennett C, Rosella L, Taljaard M, Roberts M, Sanderson R, Meltem T, Tanuseputro P, Manson H. Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario; 2012.
6. Region of Peel – Public Health. Changing Course. Creating Supportive Environments for Healthy Living in Peel. 2012. Available from: [https://www.peelregion.ca/health/resources/pdf/CDI\\_0480.pdf](https://www.peelregion.ca/health/resources/pdf/CDI_0480.pdf)
7. Doug Ford, Premier of Ontario, A Government for the People. Speech from the Throne. Delivered to the Provincial Parliament on July 12, 2018.
8. Canadian Mental Health Association. Mental Health Promotion in Ontario: A Call to Action (webpage). 2008. Available from: <http://ontario.cmha.ca/documents/mental-health-promotion-in-ontario-a-call-to-action/>
9. Ratnasingham S, Cairney J, Rehm J, Manson H, Kurdyak PA. Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario; 2012.
10. Ontario Chronic Disease Prevention Alliance. Why Ontario Needs a Chronic Disease Prevention Strategy. 2018. Available from: <https://www.ocdpa.ca/publications/prevention-matters-why-ontario-needs-cdp-strategy>
11. CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario; 2019.
12. Center of the Developing Child. Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8 [internet]. Cambridge, MA: Harvard University; 2009. Available from: <http://developingchild.harvard.edu/wp-content/uploads/2009/05/Maternal-Depression-Can-Undermine-Development.pdf>
13. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool [Internet]. Toronto, Ontario: Queen's Printer for Ontario; 2018.

14. Buse, Chris. (2012). Report on Health Vulnerability to Climate Change: Assessing Exposure, Sensitivity, and Adaptive Capacity in the Region of Peel
15. Berry, P., Clarke, K., Fleury, M.D. and Parker, S. (2014): Human Health; in Canada in a Changing Climate: Sector Perspectives on Impacts and Adaptation, (ed.) F.J. Warren and D.S. Lemmen; Government of Canada, Ottawa, ON, p. 191-232, accessed at: [http://www.nrcan.gc.ca/sites/www.nrcan.gc.ca/files/earthsciences/pdf/assess/2014/pdf/Chapter7-Human-Health\\_Eng.pdf](http://www.nrcan.gc.ca/sites/www.nrcan.gc.ca/files/earthsciences/pdf/assess/2014/pdf/Chapter7-Human-Health_Eng.pdf)
16. Historical Climate Data, 1938–2017, Environment and Climate Change Canada. Government of Canada.
17. SENES Consultants Limited. Peel Climate Change Strategy: 2006 Community Greenhouse Gas and Criteria Air Contaminant Inventory for the Geographic Region of Peel. Ontario: SENES Consultants Limited.
18. Health Quality Ontario. Income and Health: Opportunities to achieve health equity in Ontario. Toronto: Queen's Printer for Ontario; 2016.
19. Improving the Odds: Championing Health Equity in Ontario — 2016 Annual Report of Ontario's Chief Medical Officer of Health. Ministry of Health and Long-Term Care. 2016.
20. Connected Communities: Healthier Together – 2017 Annual Report of Ontario's Chief Medical Officer of Health. Ministry of Health and Long-Term Care. 2017. Available from: [https://healthunit.org/wp-content/uploads/Connected\\_Communities\\_Healthier\\_Together.pdf](https://healthunit.org/wp-content/uploads/Connected_Communities_Healthier_Together.pdf)
21. Region of Peel – Public Health. The Changing Landscape of Health in Peel. Key Findings about the Health of Peel's Residents 2019. 2019.
22. World Health Organization Regional Office for Europe. Health at key stages of life – the life-course approach to public health [Internet]. Copenhagen, DK: World Health Organization Regional Office for Europe; 2011.
23. Region of Peel - Public Health. Nurturing the next generation foundational report. Mississauga, Ontario: Region of Peel; June 2017.
24. Peel Regional Council. Public Health Introduction and 2014-2019 Strategic Priority Status. The Council of the Regional Municipality of Peel; 2019 [cited 2019 Jun 28]. Available from: <https://peelregion.ca/council/agendas/2019/2019-02-14-rcagenda.pdf>
25. Region of Peel – Public Health. Mental Health Among School-Aged Children in Peel: A Data Overview, 2018. Available from: <http://www.peelregion.ca/health/resources/pdf/mental-health-data-overview.pdf>
26. Region of Peel – Public Health. Family Health: Social Connectedness (webpage). Available from: <http://pathways.peelregion.ca/dept/health/family-health/NTNG/SCAT.shtml>

# Data References

- A. Hemson Consulting, Population Forecast, Region of Peel (Released December 20th, 2017). As referenced in Region of Peel – Public Health. The Changing Landscape of Health in Peel. A Comprehensive Health Status Report, 2019.
- B. Ontario Mortality Database, 1986-2012, Ontario Registrar General. IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.
- C. Canadian Community Health Survey Share File, 2000/2001, 2003, 2005, 2007/2008, 2009/2010, 2011/2012, 2013/2014, Statistics Canada. Ontario Ministry of Health and Long-Term Care.
- D. Canadian Community Health Survey Share File, 2013/2014, Statistics Canada. Ontario Ministry of Health and Long-Term Care.
- E. Ontario Student Drug Use and Health Survey, 2017, Centre for Addiction and Mental Health. Region of Peel – Public Health.
- F. Ontario Student Drug Use and Health Survey, 2013, 2015 and 2017, Centre for Addiction and Mental Health. Region of Peel – Public Health.
- G. Census 2016, Statistics Canada.
- H. National Ambulatory Care Reporting System, 2003–2016, Canadian Institute for Health Information (CIHI). IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.
- I. Population Estimates, 2003–2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.
- J. Canadian Community Health Survey - Mental Health 2012, Statistics Canada. Ontario Ministry of Health and Long-Term Care.
- K. Canadian Community Health Survey, 2015/2016, Statistics Canada. Ontario Ministry of Health and Long-Term Care.
- L. Canadian Community Health Survey Share File, 2009/2010, 2013/2014, Statistics Canada. Ontario Ministry of Health and Long-Term Care.





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