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WORKING DRAFT

# Strategic Plan

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2013 - 2018

**Peterborough County-City Health Unit**

April 2013

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## Message from the Board Chair & Medical Officer of Health

### Our 2013-2017 Strategic Plan

On behalf of the Board of Health (BOH), we are very pleased to present to the community our new strategic plan. It's the culmination of many months of hard work and it rests squarely on a foundation of listening and engagement. It looks forward, and sees opportunities. It is a serious and prudent plan that makes us proud. Most importantly, we intend to deliver on it.

Back in the fall of 2012, the Board of Health of the Peterborough County-City Health Unit (PCCHU) embarked on a strategic planning process that set out to do more than just write a plan. Our aim was to reach out to, and connect with, the many stakeholders who work with us, who use our services, who rely on us, each and every day—and listen.

We have done just that, through various focus groups, surveys and open houses.

We asked. You spoke. We listened.

And from it all—four strategic directions have emerged. They will serve to guide the Health Unit for the next five years in a way that reflects our community and its health needs. And, importantly, they provide a vision for our organization that is proud, caring, professional, action oriented, and measureable.

Naturally, given the complexity and the importance of public health, there are many challenges and opportunities before us. Of this we have no doubt. However, we are confident in the abilities of our wonderful staff members who work tirelessly to promote health and prevent illness in our region. We would like to thank everyone who participated in our planning process. We could not have done it without you.

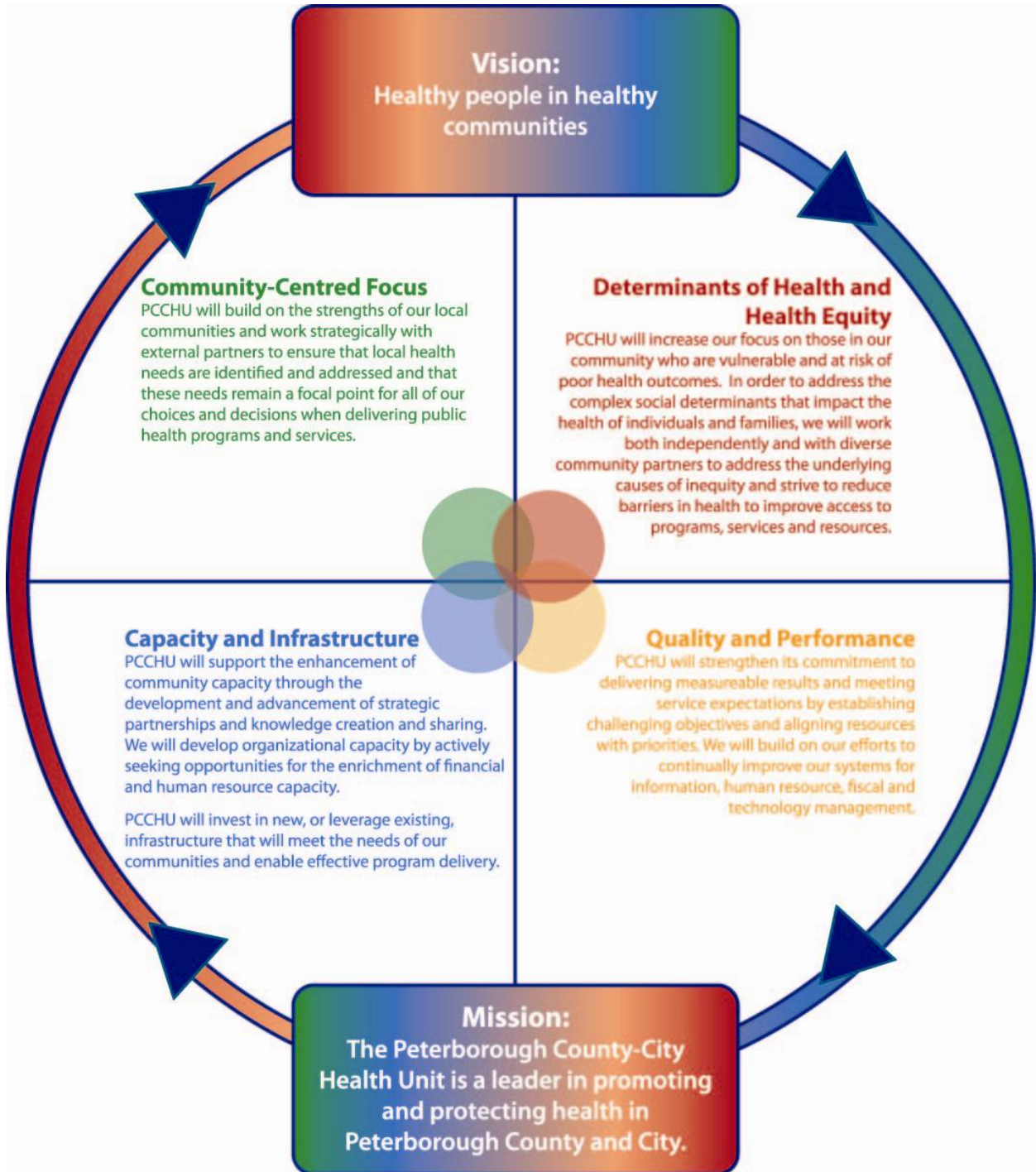
**David Watton,**  
**Chair, Board of Health**

**Rosana Pellizzari, MD, CCFP, MSC, FRCPC**  
**Medical Officer of Health**

### Engagement Fast Facts:

- More than 500 individuals participated in the process directly
- Representatives from more than 40 community and health care organizations and agencies attended focus groups to bring their perspectives to the process
- More than 60 members of the PCCHU staff responded to the voluntary survey, and another 25 participated in working groups and focus groups
- The process included meeting with youth at a downtown café; attending a drop-in gathering at the Lighthouse Community Centre to hear from the vulnerable sector; hearing from young moms at a group meeting at the YMCA; visiting both local First Nation reserves; travelling to the County for open houses

# Our Plan At-A-Glance



## About our Board of Health

The PCCHU Board of Health is responsible for the assessment, planning, delivery, management and evaluation of a variety of public health programs and services in our community. We are one of 36 public health boards in Ontario who are mandated by the provincial government through the [Health Protection and Promotion Act](#) to implement the [Ontario Public Health Standards](#). Our 11-member Board functions autonomously and is one of only a few Boards of Health in the province with First Nations, municipal and provincial representatives serving together.

Guided by the principles of the social determinants of health, our Board of Health is a strong advocate for important policy changes to improve public health at the local, provincial and federal levels. With a staff of approximately 120, the Health Unit has a proud history of making a positive difference in our community.

## About the Role of Public Health

Public health is shaped by our social, economic and physical environments, as well as by our personal choices. Through community programs and by developing better health policies, PCCHU works to improve the living conditions of those in need for the benefit of all. We serve residents throughout the County and City of Peterborough and offer a wide range of programs and services ranging from healthy eating workshops, poverty reduction initiatives, and oral health clinics to controlling infectious disease outbreaks, water safety and sexual health clinic services.

## PCCHU Planning Context

### Planning Scope

From the very outset, it was the goal of the PCCHU's Board of Health to:

*Engage its stakeholders in a transparent planning cycle that would clearly define the Health Unit's priorities given its existing values, mission and vision.*

A clear objective was then set by the Board of Health:

*That by Spring 2013, the Board of PCCHU will have approved a set of strategic priorities in a five- year plan that positions PCCHU for future success. The plan will demonstrate engagement of internal and external stakeholders, and be shaped by legislated mandates and funder expectations, organizational performance and accountability, and on meeting the changing health needs of our community as well as our partners' priorities.*

## Governing Frameworks

While our public health unit has many important factors to take into account when considering its strategic planning, the following governing frameworks were essential to this process:

- [Public Health Sector Strategic Plan](#)
- [Ontario Public Health Organizational Standards](#)

## Overseeing the Planning Process

### Setting Principles

The Governance Committee of the Board of Health, the subcommittee that oversees strategic planning responsibilities, began the process by setting the above mentioned goal and objectives for this planning cycle.

Next, it set out in some detail the following principles intended to guide the planning work, and serve as a commitment to all as to the intent and integrity of this process: Engagement, Courage, Accountability and Responsibility, Client Focussed, and High Quality, Evidence and Standards in Planning.

### The Strategic Planning Working Group

Especially in light of its ambitious engagement objective, the Governance Committee struck a working committee to manage this process, the Strategic Planning Working Group (SPWG). The Working Group was advisory in nature and did not have a decision making mandate.

The SPWG was responsible for managing the Health Unit's strategic planning activities, to oversee the engagement processes, design the planning retreat, draft and develop the Health Unit's strategic directions, and make recommendations to the Governance Committee on the final strategic plan. Its membership was a mixture of Board of Health members, the Medical Officer of Health, management, and front line staff members.

## Meeting the OPHS Strategic Planning Standards

The Ontario Public Health Organizational Standards: Leadership – 3.2 Strategic Plan, provides specific guidance to the field on what must, at minimum, be accomplished in, and evidenced by, a strategic planning process and final plan.

PCCHU is pleased to have met or exceed these standards in this plan.

*The Board of Health shall have a strategic plan and shall ensure that it:*

- ✓ *Expresses the philosophy/mission, a values statement, and the goals and objectives of the Board of Health;*
- ✓ *Describes how **equity issues** will be addressed in the delivery and outcomes of programs and services;*
- ✓ *Describes how the outcomes of the **Foundational Standard** in the 2008 OPHS (or as current), will be achieved;*
- ✓ *Establishes policy direction regarding a **performance management and quality** improvement system;*
- ✓ *Considers **organizational capacity**;*
- ✓ *Establishes **strategic priorities** for the organization that address **local contexts** and integrate local community priorities;*
- ✓ *Covers a three to five year timeframe;*
- ✓ *Includes the advice and **input of staff and community partners**; and*
- ✓ *Is reviewed at least every other year and revised as appropriate.*

## The Planning Process

### Stakeholder Consultations

The Board of Health of the PCCHU embarked upon its current cycle of strategic planning with the explicit intent of reaching out to those individuals and organizations that have a stake in its success. It felt strongly that, before any strategic priorities were identified, the voices of those who work for, partner with, and of course, receive services from the Health Unit, must be heard.

Stakeholder feedback was not the only factor that was considered when deciding upon the strategies for our next five years. It was, however, an important one. Along with other factors such as funder expectations, legislated mandates, research and best practice, and identified local health needs, stakeholder feedback plays a very important role in informing decisions for our organization's future.

As such, three broad-based stakeholder groups were engaged in our process: staff and Board members, partners, and clients and public.

A number of different engagement strategies were used to solicit input and feedback. These included focus



groups, online surveys, and a series of open houses in the communities that PCCHU serves.

Each engagement strategy provided an opportunity to draw in stakeholders and learn where they see the Health Unit's opportunities and challenges. Many ideas and opinions were offered. They were collected, analyzed and sorted into categories that emerged as overarching themes.

A report on the engagement process, along with observations and analysis, was produced for participants in the culminating strategic planning retreat in February 2013. Participants included a mixture of Board of Health and staff members. The report was also made available to staff members for their reflection and reaction.

## How were stakeholders invited to participate?

The engagement process was multi-dimensional. Launched as a single communications and public awareness campaign, PCCHU sought to invite as broad a group of its stakeholders into the process as possible. PCCHU's many stakeholders were invited to participate in the engagement process in a way that suited them as well as their relationship with the work of the Health Unit. The following methods were used to promote the process:

- Traditional media via press releases and in-person interviews with the Medical Officer of Health
- Paid advertising (print)
- Social media (twitter, facebook)
- Direct invitation (formal letter and targeted email lists)
- Partner organizations (promoting and/or hosting)
- Roadside signs (county locations)

## Who we reached out to and why; who we engaged with and how?

The following details the process:

### Surveys

- Community Survey: online and paper (323 responses)
- Staff Survey: online (62 responses)

### In-Person Engagement

- Evening open houses in Lakefield/Millbrook/Peterborough: general public
- Curve Lake First Nation focus group: health & social service leaders/workers
- Hiawatha First Nation focus group: health & social service leaders/workers
- Health Care Partners focus group: senior leadership representatives from 14 organizations.
- Two focus groups with community partners: senior leadership representatives from 17 organizations.
- Youth leaders session: community youth
- Drop-in youth focus groups: community youth
- Staff focus groups: oral health team and all staff



- Management focus group: management staff
- Vulnerable sector focus groups: Lighthouse Community Centre, Moms Working Out

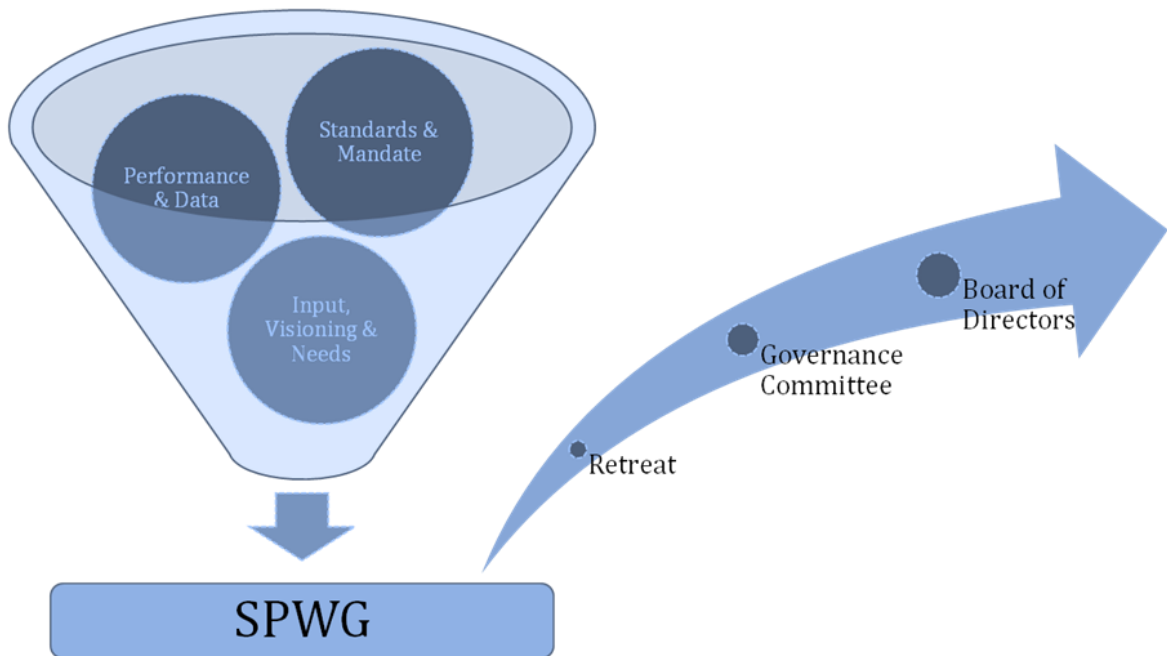
### How did stakeholder engagement inform the process?

By seeking input from a wide array of stakeholders, in multiple ways, the Board of Health of the PCCHU ensured that its strategic plan is informed by lived experience and broadly held perceptions.

While additional inputs are essential for the plan to be comprehensive, ensuring that local health needs are met and that the realities experienced by staff members are taken into account, can only help to drive performance and make the Health Unit's work more meaningful and effective.

Figure one (below) graphically describes how the input from stakeholders is one of the important ingredients in creating the strategic plan. The "SPWG" refers to the Strategic Planning Working Group—a subcommittee of the Board of Health made up of Board members, management and front line staff members that is steering the planning process. Figure two is a schematic overview of the planning process.

**Fig. 1**



## Highlights from the Engagement Process

- On the community survey, 79 per cent of respondents rated the overall performance of PCCHU as either "Excellent or Good" and only 3 per cent chose "poor."
- 135 respondents to the community survey took the time to craft personal comments. These were read carefully and sorted into categories. Notables included that more than 40 per cent of respondents made positive comments about PCCHU; strengthening community engagement, focusing on priority populations (those living in poverty and seniors, for example) and addressing the social determinants of health were areas that received repeated commentary.
- Respondents to the community survey were repeatedly concerned about the effects of poverty on health in our community and cited mental health as the foremost health concern across all age categories.
- On the staff survey, concerns around the physical infrastructure (its age, appearance, functionality, accessibility and that it cannot accommodate all staff members on one site) was repeatedly expressed. Staff also focused on the organization's under-capacity to collect data and/or use it to improve performance.
- The health of seniors was a concern identified as important across all stakeholder groups.
- Stakeholders from First Nations front line workers, to leaders of partner healthcare organizations, to community agency managers, to vulnerable individuals—all praised PCCHU for its efforts in partnering, collaborating and leading often innovative community health initiatives.

### Strategic Planning Retreat and Gathering Feedback on Draft Plan

On February 5, 2013, members of the SPWG were joined by the Board of Health and a number of invited staff members to draft the future directions. The stakeholder input, along with the work done by the SPWG over the preceding months, was reviewed and discussed. Over the course of the evening, key themes emerged. Through a series of workshops and a culminating facilitated exercise, a draft set of themes emerged.

The stakeholder engagement process (focus groups, survey) and the retreat were developed and led by an external facilitator. Once this phase was complete, the strategic directions themselves were drafted by the staff and Board representatives on the SPWG. A working draft of the directions was then shared with stakeholders (staff, partners, and posted on the website for public review) for feedback and comment.

## In Their Own Words

### Partners:

- "The Health Unit has a lot of public confidence."
- "The Health Unit is dedicated to tough issues."
- "The Health Unit should take a lead role in advocating for funding to support the social determinants of health."
- "A comfort, a strong touch point, an agency of oversight."
- "My sense of the Health Unit is that it's spread thin."
- "In the moment of care, you can pick up the phone and speak to an infection control specialist...There's always someone you can call."
- "If you do it really well (public health), then the public doesn't value it because it didn't happen."
- "They are highly reliable, competent partners within a system of services."
- "They are really good system enablers and system supporters."
- "When the Health Unit is involved, there are no silos."
- "They are outside-of-the-box thinkers and are prepared to take on a challenge. They're prepared to come to the table with solutions."
- "They are fabulous leaders and they are fabulous followers - whatever is needed."

### Staff

- "We don't always take credit for the things we do well."
- "We are always working to do things better and the autonomy helps us do things better and more creatively."
- "I cannot think of anything that can be separated from mental health."
- "You cannot talk about physical health without talking about mental health."
- "Ninety per cent of our patients sit in the dental chair and are ashamed to open their mouths."
- "Seniors inability to access dental care is a major issue."

### First Nations

- "The Health Unit is a large part of our health programs here whether they (community members) know it or not."
- "It's very unique (for a First Nations community) to have a [Board level] relationship with its Health Unit...We hear that from Health Canada."
- "We have a great relationship with the Health Unit that we want to continue."
- "Health Unit staff members are helpful and friendly and culturally sensitive."
- "We've always worked very well with the Health Unit."
- "We have a unique relationship with the Health Unit - some do not have a relationship at all. It's nice to be able to brag about this relationship and to highlight it."

- "To sit and have this kind of discussion is unheard of...at other organizations."
- "The leaders foster relationships and model them...and they know there's better service for the community."

## Management

- "The Health Unit's greatest strength is its staff. We are experts and the community relies on us."
- "We need to focus on continuing to improve workplace culture."
- "There is no one here with extra capacity."

## Vulnerable populations

- "It's all about access and getting to information."
- "People living below the poverty line are getting more and more sick, and challenged."
- "[The cooking leader] is an awesome teacher. There's a lot of things I've learned to do thanks to him."
- "The dental clinic is fantastic. They put up with me missing my appointment five times, but they still put up with me."
- "Sometimes people can't concentrate long enough to be able to find the dental clinic."
- "I access two or three different food banks to eat properly."

## Community Survey Comments

- "The main interaction I've had with the Health Unit is as a client of the sexual health clinic, as well as referring clients to the clinic. Also I've been impressed with your work around anti-poverty initiatives and food security initiatives. I hand out the Food for All pamphlet quite often, and make regular referrals to the sexual health clinic. I've always been impressed with the respect and discretion offered by the sexual health clinic - to myself and my clients."
- "The PCCHU shares information well, through media. It is easy to find information. Staff are knowledgeable. Gaps in our community include support to parents of school age children and especially those in single parent families."
- "The work at the Health Unit is far reaching, however I believe the general public is not fully aware of the work that the Health Unit does. More awareness and client interaction needs to occur."
- "I think that PCCHU does a great job with their community partners and making themselves visible and accessible within the community. I think that dental health is a huge issue and while gains are being made, there needs to be more access to dental care for people in poverty."
- "With tight budgets, I believe there is an effective use of taxpayer dollars in a good balance between policy and practical training. Prevention of disease and poverty should be given much more emphasis and money, but the PCCHU is doing a good job on balancing diverse community needs/ interests with prevention."
- "I think the Health Unit needs to continue to address smoking cessation to priority groups, especially

with people of lower income and with chronic conditions.”

- “As a parent I really think the Health Unit needs to focus on healthy weight for children and adults. Food is an addiction and can be as harmful as drugs and alcohol. I think you should offer weight loss programs that are affordable.”
- “In my opinion, too much time and money is spent on tobacco enforcement especially when there are so many mental health and poverty issues in this community. Everyone already knows the results of tobacco and I feel that monies would be better spent in programming for mental health.”
- “It would be great if there were more satellite offices in the County that were accessible to ALL community members; more needs to be done with respect to our aging population - not just by the Health Unit but regional health centres; MUCH more needs to be done with respect to Mental Health for youngsters, adolescents, adults and seniors ... this should be the PRIME focus in the coming years!”
- “I believe global warming issues (e.g. weather events, new or increased insect activity) and arrival of new viral threats will require an increased emphasis on pandemic planning, spread of disease and infection control.”
- “Doing a good job but difficult to deal with a population that is not always prepared to help themselves. Exercise, healthy weight and no smoking promotion all help to reduce the huge cost of health care in Ontario.”
- “We have a very vulnerable population here. There needs to be more affordable housing and better services for the mentally and/or physically challenged including our seniors.”
- “I think that there's a gap in health education surrounding miscarriage and loss. Perhaps the resource is there, but I wouldn't know how or where to access it. The answers to questions like "what are my options with an early miscarriage?" i.e. wait and see versus D&C, etc.”
- “More parenting programs for fathers. The prenatal classes and parenting classes are very oriented towards women/mothers and a parallel focus on men/fathers (created by men/fathers) would help encourage men to be more involved as fathers/parents.”
- “Wi-Fi and cell phones should not be allowed in schools.”
- “Reaching someone to talk about septic tank regulations is troublesome. I think you need more staff to support the inspections...”
- “The Health Unit needs to better promote all the services they provide to the general public.”

# Our Strategic Directions

## April 2013 Draft Strategic Plan

### Community-Centred Focus

PCCHU will build on the strengths of our local communities and work strategically with external partners to ensure that local health needs are identified and addressed and that these needs remain a focal point for all of our choices and decisions when delivering public health programs and services.

ACTIONS:	DESIRED OUTCOMES:
<p>PCCHU will assess its partnerships and leverage those that address local health needs identified through surveillance, population health assessment and evaluation activities. This assessment will involve: traditional and non-traditional sources of information; rely heavily on community and stakeholder engagement; and embrace a strengths-based philosophy.</p>	<ul style="list-style-type: none"> <li>• A community engagement strategy and stakeholder engagement strategy are developed, tested and ready for implementation.</li> <li>• Social network analysis and other assessment or monitoring tools are being used to guide strategic partnership development and commitment of resources to address local health needs.</li> </ul>
<p>PCCHU will investigate and implement a framework to guide decisions about whether a public health approach is an appropriate way to address the identified local health needs and define PCCHU’s role.</p>	<ul style="list-style-type: none"> <li>• Short-term (1-3 years), medium-term (3-5 years) and long-term (5-15 years) strategic program priorities are identified and are central during annual planning cycles.</li> </ul>
<p>PCCHU will play an active role in championing the establishment of a local data consortium recognizing that community agencies that collect, produce and analyze population and health data have expressed interest in collaboration.</p>	<ul style="list-style-type: none"> <li>• Partners are confirmed and timeline is developed for the implementation of an accessible data consortium for the community.</li> </ul>
<p>PCCHU will work with community residents and multi-sector stakeholders to maximize our contribution to the enhancement of healthy built and natural environments in keeping with the emerging role of public health in this area highlighted in the provincial Public Health Strategic Plan.</p>	<ul style="list-style-type: none"> <li>• The role and scope for the health unit related to issues of the built and natural environment are further defined and resources are identified.</li> <li>• PCCHU Board and staff understand the role and scope and are active participants within effective strategic partnerships (e.g., City and County planning departments, First Nation Band Councils, private sector) on built and natural environment issues and processes.</li> <li>• Interfacing with the community on matters relating to the built environment becomes a key component of a health-unit wide community and stakeholder engagement strategy.</li> <li>• PCCHU has defined mechanism to showcase where progress has been made in support of healthy public policy.</li> </ul>

## Determinants of Health and Health Equity

PCCHU will increase our focus on those in our community who are vulnerable and at risk of poor health outcomes. In order to address the complex social determinants that impact the health of individuals and families, we will work both independently and with diverse community partners to address the underlying causes of inequity and strive to reduce barriers in health to improve access to programs, services and resources.

ACTIONS:	DESIRED OUTCOMES:
Increase our efforts, wherever possible, to obtain disaggregated data and work more closely with community partners (i.e., through a local data consortium) to increase our knowledge of underlying living conditions, access to health services and programs, health behaviours, and the health status of vulnerable populations.	<ul style="list-style-type: none"> <li>• Two to three focused analyses are carried out per year, based on organization-wide priorities.</li> <li>• Increased information about the local impact of social determinants on health and wellbeing is available in order to guide health unit and community action.</li> </ul>
Incorporate into annual operational planning, a standard process with supporting tools to update priority populations and identify health equity-related issues, and as a result of this health equity assessment, make changes to programs and services.	<ul style="list-style-type: none"> <li>• The Health Equity Mapping Checklist is incorporated as a standard activity for all Health Unit programs as a part of operational planning (2014).</li> <li>• Additional tools are reviewed and incorporated as they become available.</li> <li>• A health equity focus is incorporated into annual planning.</li> <li>• Program-specific actions and activities are implemented to meet the unique needs of vulnerable populations, and these changes are tracked.</li> </ul>
PCCHU strives to reduce barriers and increase access to its programs and services in a consistent and purposeful way.	<ul style="list-style-type: none"> <li>• A policy and procedure/or position statement is developed for identifying and responding to barriers to health unit programs and services (ie. financial costs, transportation, child care, time of day, location, welcoming atmosphere etc...)</li> </ul>
Determine the most appropriate approach for PCCHU to better connect with and engage vulnerable populations to guide our programs and services.	<ul style="list-style-type: none"> <li>• Involvement of vulnerable populations becomes a key component of a health unit-wide community engagement strategy (including enhancing their role in identifying needs, planning, promoting, implementing and evaluating programs and services).</li> </ul>
Fully engage the Board of Health and PCCHU staff in using a health equity lens to effectively respond to emerging public policy issues, both independently and together with diverse community partners.	<ul style="list-style-type: none"> <li>• A framework is developed and applied for rapid health equity assessment and the development of appropriate policy recommendations (similar to the Wellesley Health Equity Lens for Policy Makers).</li> <li>• Analysis informs the program priority-setting process and supports coordinated action around public policy initiatives.</li> </ul>



## Quality and Performance

PCCHU will strengthen its commitment to delivering measurable results and meeting service expectations by establishing challenging objectives and aligning resources with priorities. We will build on our efforts to continually improve our systems for information, human resource, fiscal and technology management.

ACTIONS:	DESIRED OUTCOMES:
Build a culture of evaluation through development and implementation of an Evaluation Capacity Building Plan.	<ul style="list-style-type: none"> <li>• A clear accountability for an evidence, research, and evaluation-based approach.</li> </ul>
Continue to monitor Organizational Culture indicators and develop strategies to improve priorities where collectively identified.	<ul style="list-style-type: none"> <li>• A destination of choice for new employees, and strengthened workplace culture.</li> <li>• An investment in training, and the development of leaders.</li> </ul>
Explore and identify the most appropriate quality assurance and quality improvement framework and establish an implementation plan.	<ul style="list-style-type: none"> <li>• Improved organizational performance, year over year in key areas.</li> </ul>
In alignment with the above actions, establish transparent reportable targets for improvements in program delivery, the work environment and user experience.	<ul style="list-style-type: none"> <li>• Better health outcomes for the community in identified areas, over time.</li> <li>• Stronger accountability systems and processes at every level of the organization.</li> </ul>

## Capacity and Infrastructure

PCCHU will support the enhancement of community capacity through the development and advancement of strategic partnerships and knowledge creation and sharing. We will develop organizational capacity by actively seeking opportunities for the enrichment of financial and human resource capacity.

PCCHU will invest in new, or leverage existing, infrastructure that will meet the needs of our communities and enable effective program delivery.

ACTIONS:	DESIRED OUTCOMES:
Explore the opportunities for the development of a fundraising strategy for the Health Unit.	<ul style="list-style-type: none"> <li>The right partnerships and investments in place to maintain the infrastructure and systems needed to realize PCCHU's goals.</li> <li>Better access and enhanced level of service.</li> </ul>
Develop and annually review a Human Resource Strategy which will identify the mix of professionals required to meet established goals and targets.	<ul style="list-style-type: none"> <li>The most appropriate competency mix for achieving public health goals and objectives.</li> </ul>
Based on established infrastructure needs, pursue the resources necessary to acquire the most suitable facility.	<ul style="list-style-type: none"> <li>An appropriate facility that will meet the public health needs of the local communities for generations to come.</li> </ul>
Develop and annually review an Asset Management Strategy.	<ul style="list-style-type: none"> <li>Strategic and efficient use of resources to acquire and maintain equipment needed to support program delivery.</li> </ul>
Investigate the sharing of financial and human resources capacity with other agencies.	<ul style="list-style-type: none"> <li>Efficiencies gained through resource sharing where practical.</li> </ul>
Investigate the opportunity to enhance the use of volunteers to support public health work.	<ul style="list-style-type: none"> <li>The optimal use of volunteers in meeting program and service objectives.</li> </ul>

## Conclusion & Next Steps

The Board of Health would like to thank all those who took the time to provide their ideas and input into our planning process. Work will now begin to enact our plan, and to see it live in the organization as it shapes our work in the months and years to come.

As a Board it is our intent to formally review the plan at least annually, and use the directions to focus our accountability reporting on a regular basis, and to use it to communicate our progress over time.

## Acknowledgements

The Peterborough County-City Health Unit would like to recognize the incomparable efforts of Laridae Communications for their guidance, expertise and hard work throughout this strategic planning process. The talents of Jonathan Bennett and Alicia Doris contributed significantly to the success of this important endeavour.

## **Appendix One: Board of Health / Strategic Plan Working Group Members**

### **Board of Health**

David Watton, Chair, Provincial Appointee  
Phyllis Williams, Vice Chair, Chief, Curve Lake First Nation  
Andrew Beamer, Councillor, City of Peterborough  
Henry Clarke, Councillor/Deputy Mayor, City of Peterborough  
Jim Embrey, Provincial Appointee  
John Fallis, Mayor, Cavan-South Monaghan Township  
Paul Jobe, Provincial Appointee (retired, March 2013)  
Lesley Parnell, Councillor, City of Peterborough  
Andy Sharpe, Deputy Mayor, Havelock-Belmont-Methuen Township  
Trisha Shearer, Band Councillor, Hiawatha First Nation  
Mary Smith, Mayor, Smith-Ennismore-Lakefield Township

### **Strategic Planning Working Group**

David Watton, Board of Health Chair  
Jane Hoffmeyer, Health Promoter, Foundational Standards  
Dr. Rosana Pellizzari, Medical Officer of Health  
Jennifer Chenier, Health Promoter, Planning, Evaluation and Grants  
Alida Tanna, Executive Assistant to the Medical Officer of Health  
Andy Sharpe, Past Chair, Board of Health  
Brittany Cadence, Communications Supervisor  
Christine Post, Health Promoter  
Larry Stinson, Director, Public Health Programs  
Ruth Walker, Public Health Nurse, Social Determinants of Health  
Sarah Tanner, Supervisor, Oral Health Programs

## Appendix Two: List of Partner Organizations / Stakeholders

Central East Community Care Access Centre  
Chemong Family Health Team  
Central East LHIN  
City of Peterborough  
Canadian Mental Health Association, Peterborough  
& Kawartha Lakes  
Community Care Peterborough  
County of Peterborough  
Curve Lake First Nation  
Fairhaven Municipal Long Term Care Home  
Five Counties Children's Centre  
Fleming College  
FourCast  
Hiawatha First Nation  
Kawartha Pine Ridge District School Board  
Kinark Child & Family Services  
Lighthouse Community Centre  
Ministry of the Environment  
Moms Working Out, YMCA  
New Canadians Centre Peterborough  
Omni HealthCare  
Otonabee Region Conservation Authority  
Peterborough AIDS Resource Network  
Partners in Pregnancy  
Peterborough/Belleville Safe Drinking Water  
Peterborough Clinic Family Health Team  
Peterborough Family Resource Centre  
Peterborough Fire Services  
Peterborough Lakefield Community Police  
Peterborough Poverty Reduction Network  
Peterborough Regional Health Centre  
Peterborough Social Planning Council  
Peterborough Sport & Wellness Centre  
Primary Health Care Services of Peterborough  
St. Joseph's at Fleming  
Township of Asphodel-Norwood  
Township of Cavan Monaghan  
Township of Otonabee-South Monaghan  
Township of Smith Ennismore Lakefield (now  
Selwyn Township)  
Trent Centre for Community Education  
Trent University Student Health Services  
Trent Valley Literacy Association  
United Way Peterborough & District  
VON 360 Nurse Practitioner-Led Clinic  
Workforce Development Board  
Workplace Health & Safety Board  
YMCA