Simcoe Muskoka District Health Unit

STRATEGIC PLAN 2007-2010

REPORT

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TABLE OF CONTENTS

1 INTRODUCTION

The Simcoe Muskoka District Health Unit offers a wide range of health services focussed on promoting and protecting health and preventing disease, illness and injury. The health unit is governed by an independent board of health.

The new Simcoe Muskoka District Health Unit began serving the permanent and seasonal residents of Simcoe County, the Cities of Barrie and Orillia and the Muskoka District on April 1, 2005. Previously, these areas had been served by two separate health units, the Simcoe County District Health Unit and the Muskoka Parry Sound Health Unit.

As a new organization, the health unit recognized the need to develop statements of vision, mission and values in order to establish the direction for the agency and to guide decision making. These statements were developed through a consultative process involving all health unit staff and the board of health over the course of the fall of 2005 and approved by the board of health in February 2006.

SMDHU Vision 2026

We see the people of Simcoe Muskoka leading healthy, fulfilling and productive lives. The health of people, communities and the environment in which we live, work and play is a key consideration in community planning and policy making. The health unit makes a significant contribution to population health and quality of life through its leadership and work with communities, such that:

- people of all ages build on strengths and opportunities to nurture healthy, lifelong growth and development, achieve optimal levels of education, employment, shelter and nutrition, and develop socially supportive networks of relationships;
- people and communities have the information, knowledge and skills required to make choices for health;
- services are designed and implemented in partnership with people to meet their needs, respect diversity, and are accessible, culturally appropriate, and coordinated;
- a healthy environment is sustained through public policy and actions to ensure clean air, land and water;
- threats to people's health are anticipated, prevented or minimized, and communities have the capacity to respond to emerging and emergency issues.

SMDHU Mission

The Simcoe Muskoka District Health Unit is committed to excellence in promoting and protecting health, and preventing disease and injury. Our goal is to work with individuals, families, communities and agencies to achieve optimal health through the delivery of programs and services.

SMDHU Values

We Value:

EXCELLENCE in providing services to our clients and our communities

ACCOUNTABILITY for our individual and collective choices, actions and outcomes; and for the responsible and efficient use of public funds and resources

RESPECT for the rights of all people to be treated fairly and with dignity, and to make choices that reflect individuality and diversity while working toward improved health for all

WORKING TOGETHER and sharing responsibility among health unit staff, and with government, agency and community partners

POSITIVE WORKING ENVIRONMENTS which foster open communication, work-place wellness and work-life balance

ACHIEVEMENT of equal opportunity for health

To build on these statements, the Simcoe Muskoka District Health Unit (SMDHU) wished to develop a strategic plan in consultation with health unit staff and the board of health, with input from key community stakeholders. The health unit used a strategic planning process which:

- reflected the public health needs and issues of Simcoe and Muskoka
- engaged health unit staff, community partners and board of health in the process of identifying priorities for action, and
- clearly defined the strategic priorities for action over the next four years including specific, measurable goals and expected outcomes.

A Strategic Planning Working Group was established to work with the consultants on the development of the plan (Appendix A: Group List and B: Terms of Reference). This group acted as an advisory body to the project and was responsible for facilitating access to documentation, materials and perspectives that informed the strategic planning process. This group met monthly and was integral to the success of the planning process.

2 METHODOLOGY

The strategic planning process began in May 2006. Working with the Strategic Planning Working Group, the following tasks were completed and the results of each task are detailed in the sections below:

1. Review and summarize data related to the public health needs of the communities within Simcoe and Muskoka.

2. Identify stakeholders in the strategic planning process.

3. Undertake an analysis of the health unit strengths, weaknesses, opportunities and threats (SWOT).

4. Engage staff and community partners in the SWOT process.

5. Document findings on the public health needs of Simcoe Muskoka, the internal strengths and weaknesses and the external opportunities and threats.

6. Use results to inform the delineation of Strategic Priorities, Goals and Outcomes through facilitated discussions with the board of health and management.

7. Synthesize a draft report for stakeholder review and comment.

8. Finalize the strategic plan for the agency and develop the strategies and tools for communication with the stakeholders.

During the summer of 2006, as the strategic planning process was proceeding, a request was brought forward to the health unit executive committee from an SMDHU staff group requesting a process by which staff could share their insights with respect to the recent merger of the two health units. As a result of that request, focus groups were held in all SMDHU office locations in August and September of 2006. Although not a part of the strategic planning critical path, the information gathered from these focus groups was used to inform the strategic plan where appropriate.

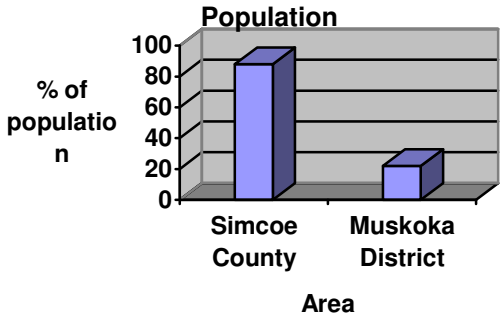
3 ENVIRONMENTAL SCAN

3.1 Relevant Demographic Data

3.1.1 Total Population

In 2001, the total population of Simcoe County including the Cities of Barrie and Orillia and Muskoka District was 430,156 permanent residents.[1] Eighty-eight per cent (88%) of the total population served by the Simcoe Muskoka District Health Unit lived in Simcoe County.

Proportion of SMDHU Population Residing in the Two Census Divisions[2]



In addition, in 2004, the estimated seasonal population of Muskoka was 76,098.[3] A seasonal resident count is determined by using available information on seasonal or occasional-use dwelling counts and combining that with information on average seasonal household size.[4] This seasonal population nearly triples Muskoka's total population during the high tourist months.[5]

Exponential growth is expected in both areas but most significantly in Simcoe County. Over the next ten years (2007 to 2016) the population in Simcoe County is expected to increase by 89,000 residents (20% increase) while in the same time frame, the population of the Muskoka District is expected to increase by 6,600 residents (11% increase).[6]

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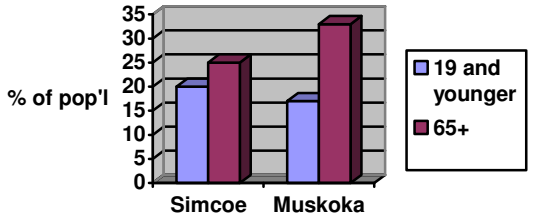
[1] Statistics Canada Census 2001
[2] Statistics Canada Census 2001
[3] The District of Muskoka Population Information www.muskoka.on.ca/planningeconomic/pop_info.htm and 2004 District of Muskoka Second Home Study
[4] 2004 District of Muskoka Second Home Study pg 3
[5] District of Muskoka Economic Profile
[6] Population Projections 2007-2016 Provincial Health Planning Database (PHPDB) Extracted: December 2006 Knowledge Management and Reporting Branch, Ontario MOHLTC

Simcoe County accounts for almost 40% of Ontario's population growth outside the GTAH (Greater Toronto Area and Hamilton). Simcoe County's growth rate is two times that of the GTA and Wasaga Beach is the fastest growing community in Simcoe County. Barrie is the third fastest growing community in Ontario.[7]

By the year 2031, 20% of the population of Simcoe County will be 19 yrs of age and younger. This is compared to 17% in Muskoka District. In the same year, 25% of the population in Simcoe is predicted to be 65+ whereas 33% are predicted to be 65+ in Muskoka.[8] Those 20-44 will comprise 28% of Simcoe Muskoka's total population and those 45-64 will contribute the remaining 26%.

Population Percentage Breakdown by Age in Simcoe and Muskoka Census Divisions



3.1.2 Population Density

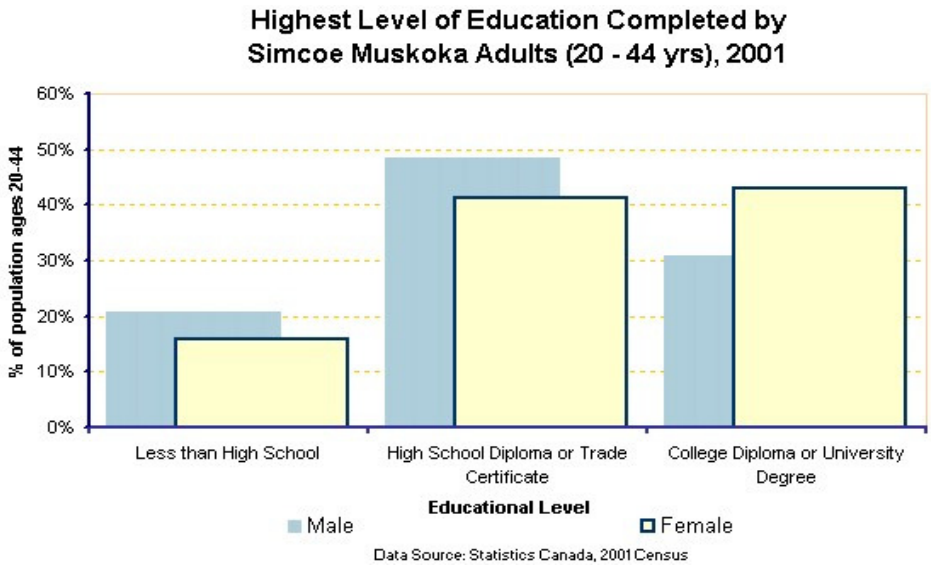
Although the land area of each area is similar (4,840.54 square km in Simcoe County and 3,890.42 square km in Muskoka), the population density per square kilometre is significantly different (77.9 in Simcoe versus 13.7 in Muskoka).[9]

3.2 Socioeconomic Data

3.2.1 Level of Education

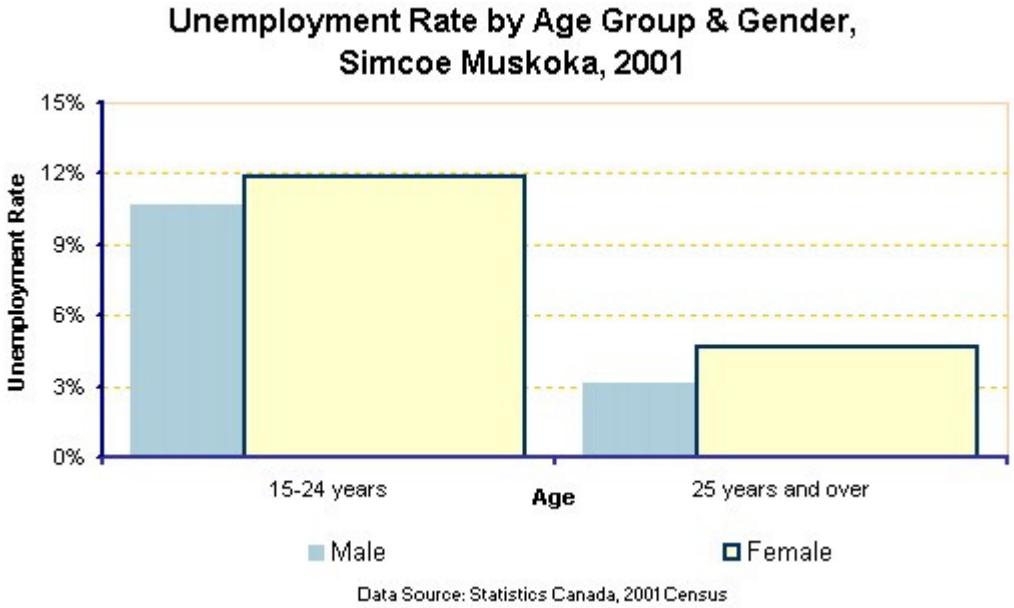
According to the 2001 Census, 72% or 220,940 Simcoe Muskoka residents aged 20 years and older had completed at least a high school education, 45% had completed post-secondary education and 6% had less than a Grade 9 education. Among Simcoe Muskoka adults 20-44 years of age, more women than men had completed some form of post-secondary education (college or university) and more men than women had less than a high school education.[10]

[7] The District of Muskoka Economic Profile
[8] Population Projections 2007-2016 Provincial Health Planning Database (PHPDB) Extracted: December 2006 Knowledge Management and Reporting Branch, Ontario MOHLTC
[9] Statistics Canada 2002.2001 Community Profiles
[10] Simcoe Muskoka HealthSTATS



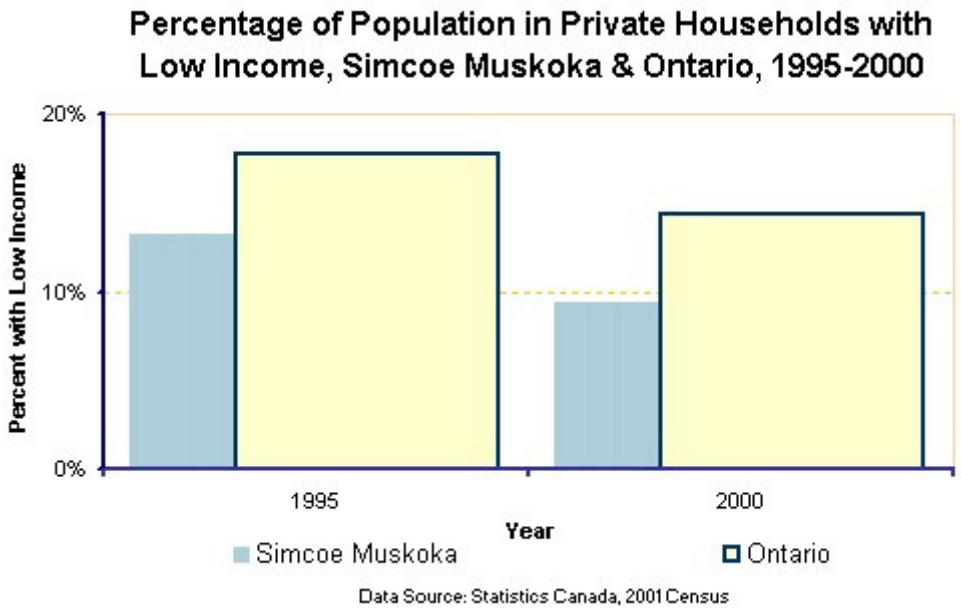
3.2.2 Employment

In 2001, 224,935 Simcoe Muskoka residents 15 years and older were part of the labour force. Of these, 5% (or 11,445) were unemployed, which was down from 9% in 1996. The unemployment rate for those aged 15-24 years is the highest of all age groups. Eleven per cent of this group was unemployed at the time of the 2001 Census, down from 18% in 1996. More women than men were unemployed; this difference was consistent across age groups.



3.2.3 Income

Although there are no official indicators of poverty in Canada, the Statistics Canada measure of low income cut-offs (LICOs) is probably the best known and most widely used. Simply Speaking, the LICOs represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing. In 2000, 9% or 39,505 people living in Simcoe Muskoka were below the low income cut-offs; this was less than 1995, where 13% of Simcoe Muskoka residents were living below the low income cut-offs. The incidence of low income in Simcoe Muskoka was less than the province in both 1995 and 2000.[11]

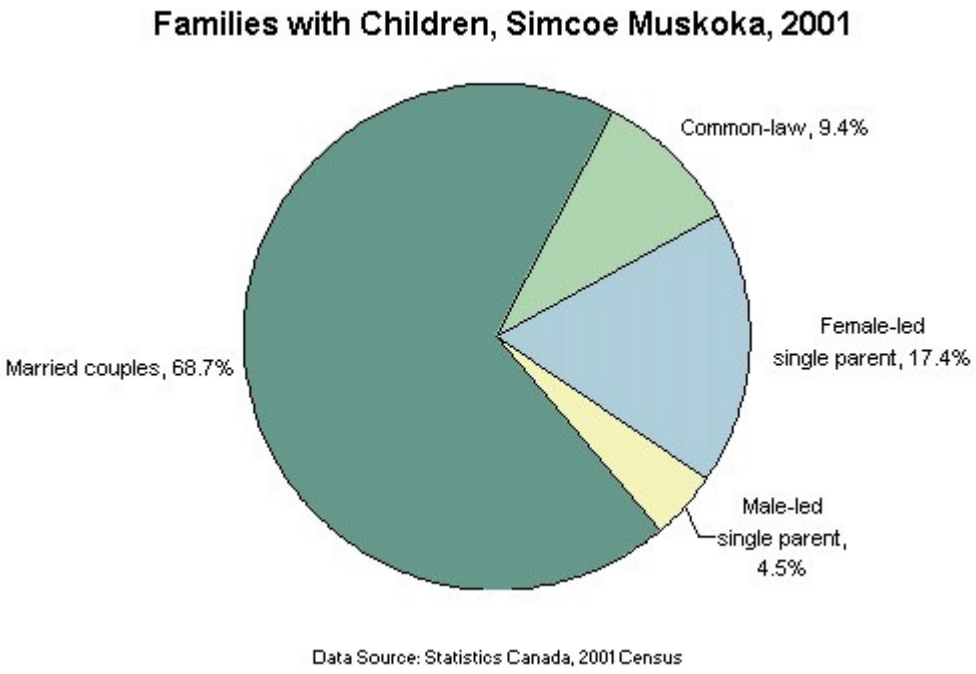


3.2.4 Single Parent Families

According to the 2001 Census, 76,365 families living in Simcoe Muskoka reported having children at home. Of those, 22% were single parent families, which was down from 26% in 1996.

Single parent families headed by women outnumbered those headed by men by a ratio of 4:1. The number of female-led single parent families increased 16% to 13,305 in 2001 from 11,480 in 1996. Male-led single parent families increased by 49%, to 3,415 in 2001 from 2,285 in 1996.

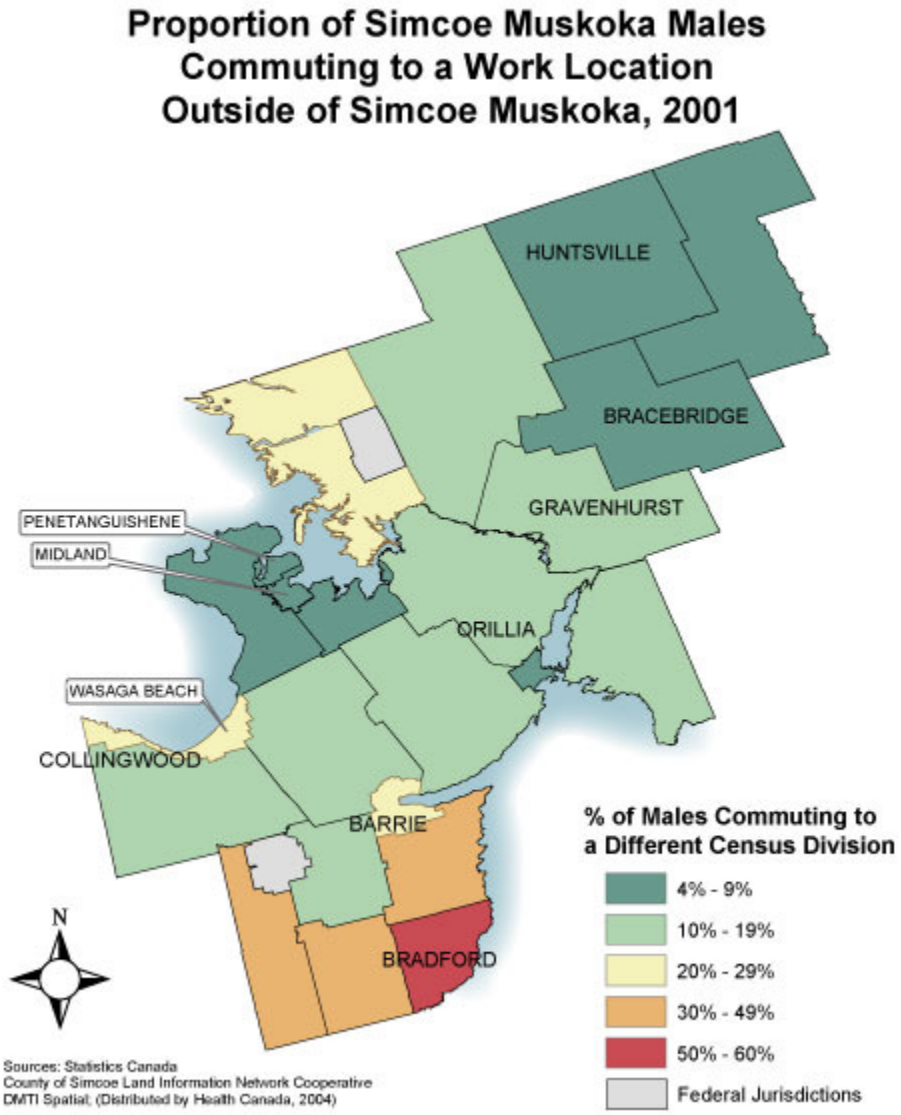
[11] Simcoe Muskoka HealthSTATS

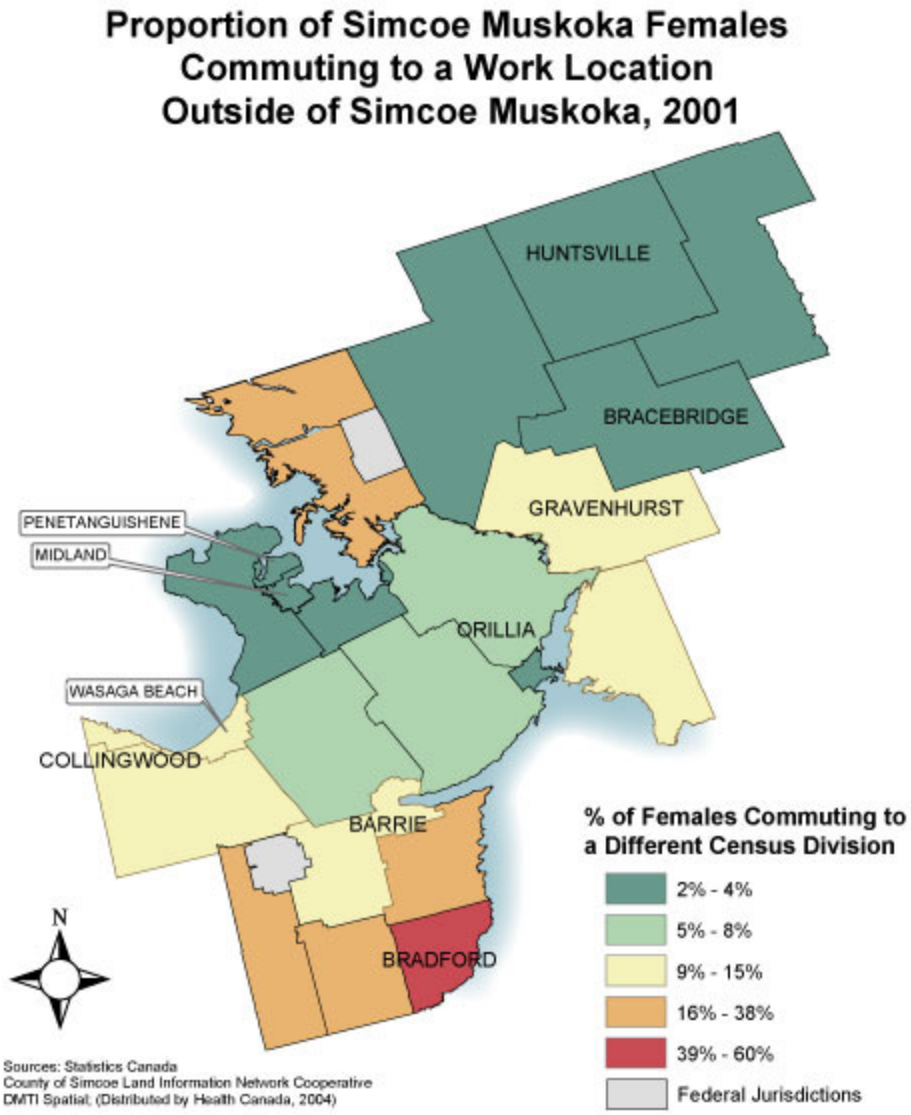


3.2.5 Commuting to Work

According to the 2001 Census, among the population 15 years and older who were employed and living in Simcoe Muskoka, 23% of men (or 26,060) reported commuting outside of Simcoe Muskoka to work, while 16% of women (or 15,700) reported the same. The 2001 proportions remain unchanged from the 1996 Census values. The proportion of those commuting was higher in Simcoe County (25% of men and 17% of women) compared to the District of Muskoka (9% of men and 6% of women).

The proportion of commuters also varies within Simcoe Muskoka, with the highest percentage of commuters residing in south Simcoe.


Proportion of Simcoe Muskoka Males
Commuting to a Work Location
Outside of Simcoe Muskoka, 2001
HUNTSVILLE
BRACEBRIDGE
GRAVENHURST
PENETANGUISHENE
MIDLAND
ORILLIA
WASAGA BEACH
COLLINGWOOD
BARRIE
BRADFORD
N
% of Males Commuting to
a Different Census Division
4% - 9%
10% - 19%
20% - 29%
30% - 49%
50% - 60%
Federal Jurisdictions
Sources: Statistics Canada
County of Simcoe Land Information Network Cooperative
DMTI Spatial; (Distributed by Health Canada, 2004)



3.2.6 Dwellings

In 2001, there were 157,830 occupied private dwellings in Simcoe Muskoka having an average value of $176,207, which was up 13% from $156,070 in 1996.

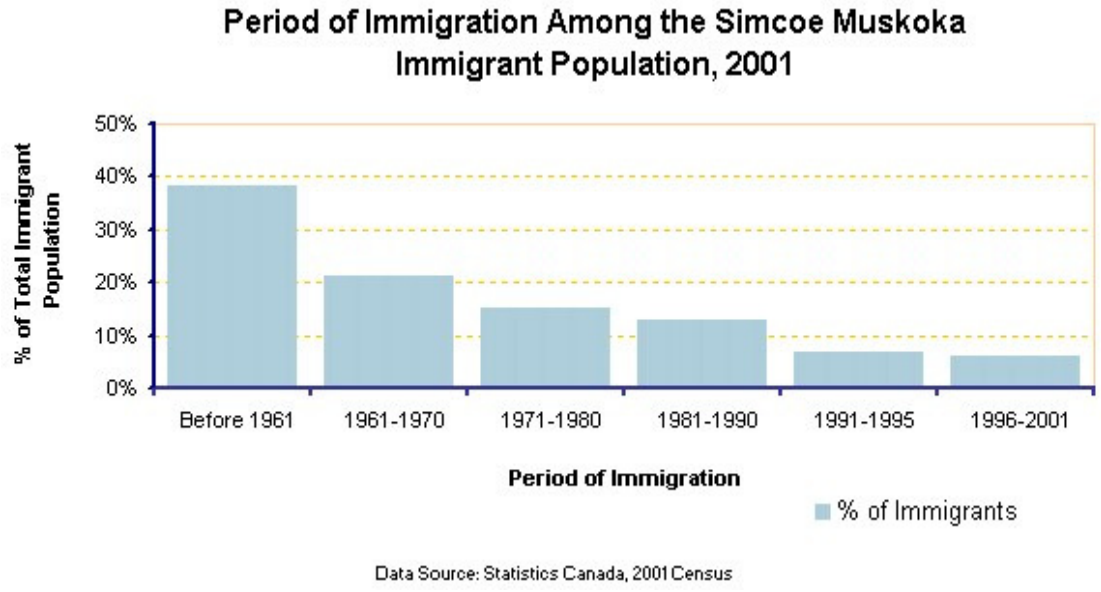
Seventy-nine per cent of dwellings in Simcoe Muskoka were occupied by the owner. Homeowners paid an average of $899 per month on major expenses (i.e. mortgage, utilities, water, property taxes), and 18% of them spent more than 30% of their income on these major payments in 2001. Twenty-one per cent of dwellings in Simcoe Muskoka were occupied by renters. Renters paid an average $707 per month on major expenses (which includes rent, utilities, water, heating fuel), and 42% of renters spent more than 30% of their household income on gross rent in 2001.

3.3 Cultural Characteristics

3.3.1 Immigration

According to the 2001 Census, 11% of the population or 47,530 people living in Simcoe Muskoka were immigrants to Canada. The most common countries of immigration were the United Kingdom, Germany, the Netherlands, Italy and the United States.

Fourteen per cent of the population 15 years and older living in Simcoe Muskoka reported themselves as first generation immigrants, while the majority (85%) of the population reported themselves as second or third generation. Six per cent of the immigrants in Simcoe Muskoka reported themselves as recent immigrants who came to Canada between 1996 and 2001. The most common countries from where people recently immigrated were the United Kingdom, the United States, China, Germany and Russia.

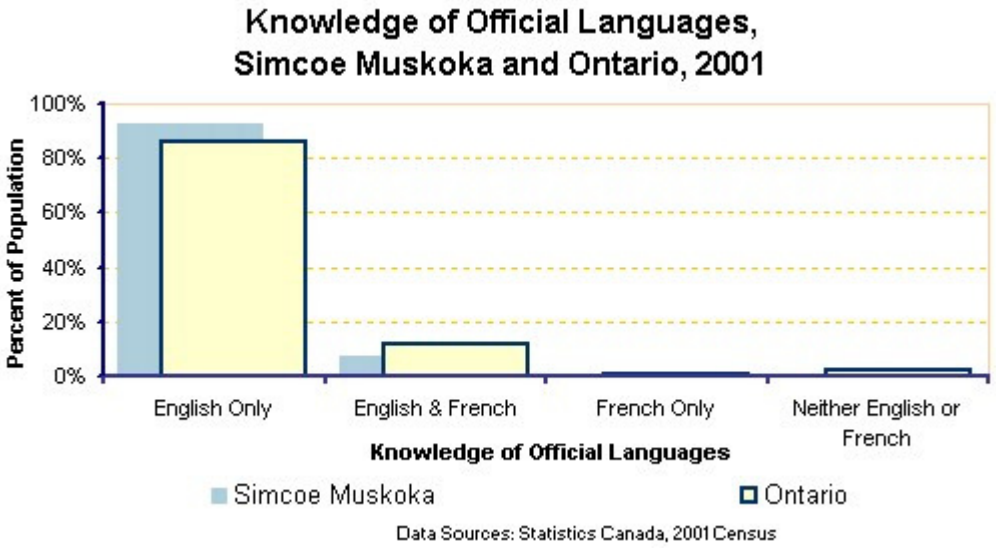


Data Source: Statistics Canada, 2001 Census

3.3.2 Language

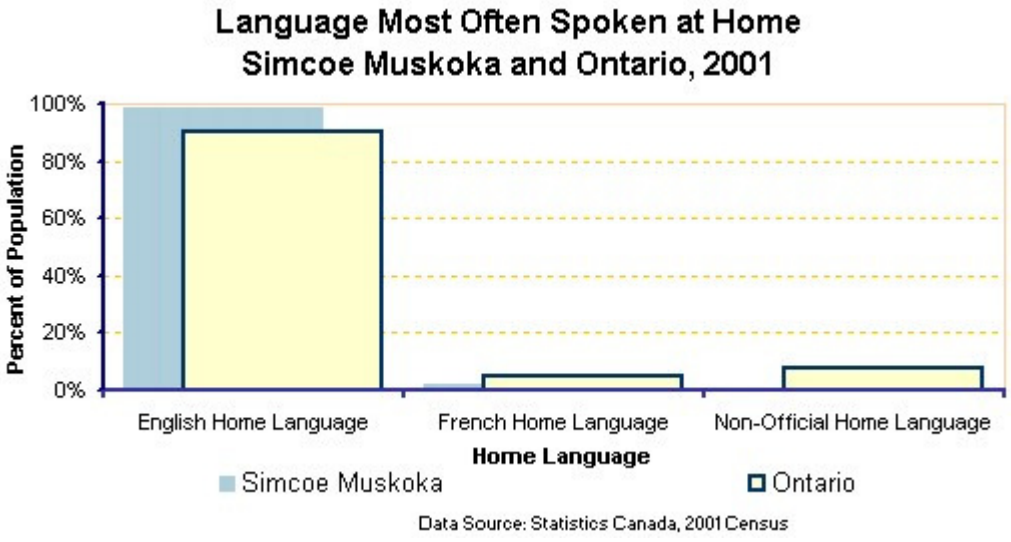
According to the 2001 Census, the majority of people living in Simcoe Muskoka could speak one or both of Canada's two official languages, English and French. This included: English only (92.5%), French only (0.1%), English and French bilingual (7.1%). Less than one half of a per cent (0.3%) of Simcoe Muskoka residents could not speak English or French, which was unchanged from 1996.

The proportion of the population that speaks only English is higher in Simcoe Muskoka when compared with Ontario.



Ninety-nine per cent of the population living in Simcoe Muskoka spoke English most often or on a regular basis at home, according to the 2001 Census. Only 1% of Simcoe Muskoka residents reported speaking only a non-official language at home. The most common non-official languages spoken at home were Portuguese, Polish, Italian, German and Vietnamese.

The proportion of the population that speaks English most often in the home is higher in Simcoe Muskoka compared with the rest of Ontario. However, there are two Designated French Language areas within Simcoe Muskoka (Penetanguishene and the Townships of Tiny and Essa).



3.3.3 Ethnic Origin

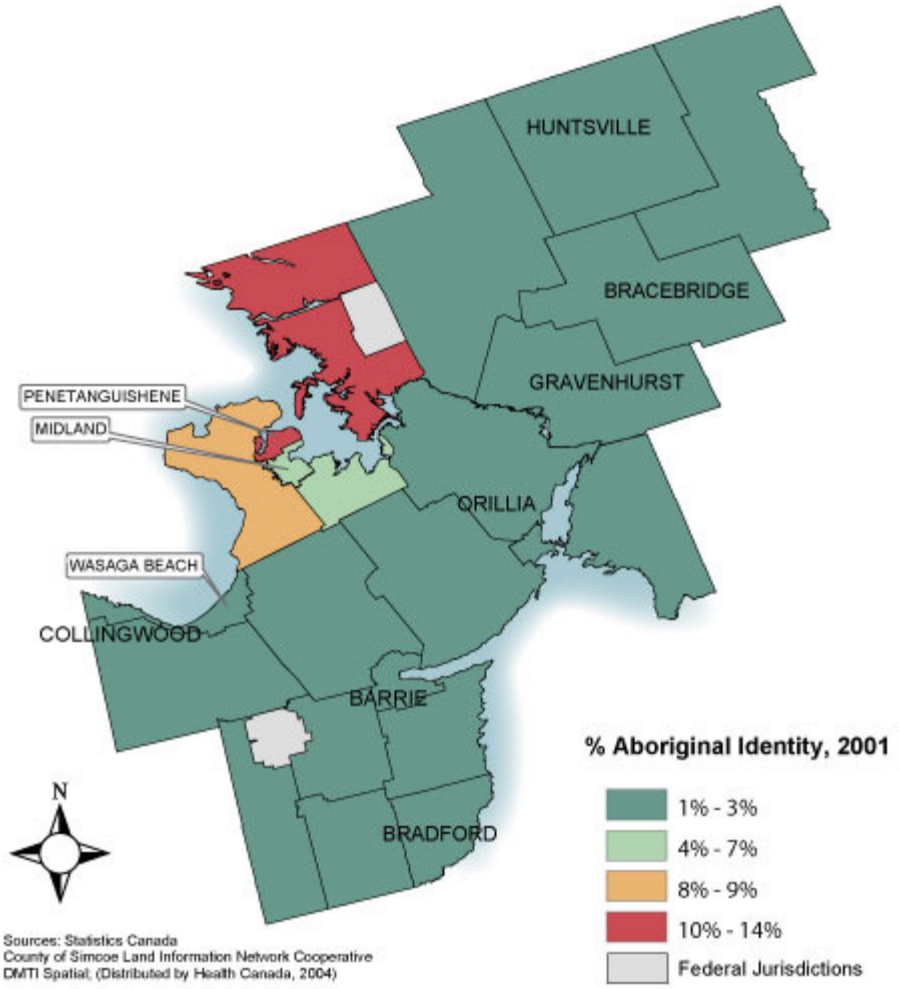
According to the 2001 Census, 42% or 177,855 Simcoe Muskoka residents reported Canadian as their ethnic origin. This was followed by English (37% or 154,860), Scottish (24% or 103,870), Irish (22% or 94,375), French (13% or 53,450), German (10% or 40,960), Dutch (5% or 22,355), Italian (4% or 18,255) and North American Indian (3% or 11,855). This distribution was similar to that found in the 1996 Census.

Certain ethnicities were more commonly reported in distinct geographic areas across Simcoe Muskoka:

- ***French*** - higher in northwest Simcoe and southwest Muskoka area, including Penetanguishene (43%), Tiny (27%), Midland (23%), Tay (18%) and Georgian Bay (20%)
- ***Italian*** - higher in south Simcoe, including Bradford West Gwillimbury (9%), New Tecumseth (6%), Adjala Tosorontio (7%) and Innisfil (6%)
- ***Portuguese*** - most common in south Simcoe in the Town of Bradford West Gwillimbury (9%)

In 2001, 2% or 10,570 of the Simcoe Muskoka population reported identifying themselves with at least one Aboriginal group. In Simcoe County, those identifying as Aboriginal were concentrated in the northwest area of the county including Penetanguishene (14%), Tiny (9%), Midland (7%) and Tay (6%). In the District of Muskoka, those identifying as Aboriginal were concentrated in Georgian Bay (12%).

Population with Aboriginal Identity
Simcoe Muskoka District Health Unit, 2001



3.4 Implications of the Environmental Scan

- The difference in population distribution between Simcoe County and Muskoka District (88% of the total population live in Simcoe County including the Cities of Barrie and Orillia) has a significant impact on programs and program delivery; decisions related to staffing and staff resources; and interaction with and engagement of community partners.
- The population density differences between Simcoe County and Muskoka District have large implications on distribution of staff and delivery of programs. There may be a need to look at alternative methods of program delivery in lower density areas.
- The statistics concerning anticipated growth, particularly in Simcoe County, will have a direct impact on program delivery and associated staffing needs. There are social and environmental implications of the anticipated growth that will impact health coupled with opportunities to significantly influence public health through initiatives that address the built environment.
- The statistics on level of education attained has implications when program materials or communication materials are being developed and the level of language that is used.
- Although employment levels are currently high, changes in employment status or lack of employment are documented contributors to high stress levels which in turn can affect health status. The level of unemployment is seasonally affected in this area and suggests the need to monitor any changes in the labour market and assess the resulting affects on health.
- The high percentage of residents commuting out of the area to work is significant. The health impacts of commuting can include increased stress, decreased physical activity, lack of work/life balance along with increased air pollution and its associated effect on the environment. These are all significant factors affecting programming and program delivery but also important considerations when communication strategies are being developed.
- Although the statistics show an increase in income status from previous years, which is significant in terms of implications for programs, it is also important to consider the needs of the 9% who are below the low income cut-offs in terms of programs and program access as well as communication of available services.
- Information on the decrease in single parent families has implications for family health programming.
- Although not currently a factor, increasing rates of immigration into the area must be taken into account when designing new programs or services. This may also have implications around program delivery and the need to offer programs and program materials in a wider variety of languages.
- The existence of French Designated Areas within the Simcoe Muskoka District Health Unit highlights the needs of those residents whose first language is French. The French Language Services Act, under which these areas are

designated, guarantees an individual's right to receive provincial government services in French.[12]

- The location of four First Nations communities within Simcoe Muskoka has implications for program planning and delivery and the determination of appropriate community partnerships.
- Canadian Forces Base Borden, located in Essa Township is a distinct community within Simcoe Muskoka. The health unit will continue to collaborate with Base Borden.
- Fenbrook Institution is a federal medium security institution for males located in Gravenhurst. The health unit provides public health service and programs to this institution. The institution would be a potential partner in emergency preparedness and pandemic planning.
- Beaver Creek is a federal minimum security institution located in Gravenhurst. It shares some services with Fenbrook and would present the same needs and opportunities for the health unit as that facility.
- Central North Corrections Centre is provincial multi purpose correctional facility that is located in Penetanguishene. It has facilities for both male and female inmates and is built to maximum security standards. This facility was under private management until last year and is now provincially operated. The public health needs of this institution and the opportunities it presents would be similar to the institutions mentioned above.
- The Mental Health Centre Penetanguishene is a 312-bed psychiatric hospital with three distinct divisions. The Acute and Community Care Division offers 31 acute psychiatric beds, a variety of Supportive Clinical Programs and the Outpatient Services Program in the community. The Tertiary Care Division offers a variety longer-term programs with 101 beds and the Forensic Division offers 160-beds of maximum and medium secure programs for mentally disordered offenders. In addition to current initiatives with the health unit, this centre would present opportunities for partnership particularly, in the areas of mental health programming.

4 SITUATIONAL ANALYSIS

4.1 Economics

Employment in the tourism and service industry is significant in both Simcoe County and Muskoka District and becoming increasingly important economically. In Muskoka, the tourism and service industry accounts for 43% of the workforce.[13] In Simcoe County this sector accounts for 37% of the workforce.

[12] Office of Francophone Affairs http://www.ofa.gov.on.ca/english/FLSA.html
[13] Muskoka Economic Profile

It has been identified that Muskoka has the highest employment rate in Northern Ontario as well as the lowest unemployment rate.[14] However, employment in this area is heavily dependent on tourism (Muskoka has 1150 tourism related businesses[15]) which is affected by various factors, including weather, which cannot be controlled. The implications of this statistic were addressed in the previous section.

Overall, in both Simcoe and Muskoka, the number of jobs does not equal the growth of the population. There is a significant portion of the employed population who commute out of the area to work (22.7%).[16] Implications of this data were addressed in the previous section.

The Simcoe County Training Board and the Muskoka Nipissing Parry Sound Local Training and Adjustment Board have both released their Trends, Opportunities and Priorities (TOPs) report for 2006. Of significance to this plan was the identification of skills shortages among workers in both regions. Of particular note is the identification of a deficit in new job seekers compared to jobs available especially in the health and social service sectors.[17]

Simcoe County and Muskoka District will also be faced with employment issues that exist across the country. The baby boom generation will be reaching retirement soon and there is not a large enough skilled labour pool to fill the gap they will leave behind.[18]

4.2 Environmental

There are a number of environmental concerns and issues which could have an impact on the health status of the residents of Simcoe and Muskoka. The population growth predicted for this area will result in changes such as increased traffic that will lead to concerns about air quality and sustainable water quality.[19] Based on current trends, land supply ranges between 3.73 years (6 year average) to 4.75 years (3 year average). Future interest rates, market forces and economic conditions are unknown and will clearly have a bearing on how quickly the inventory is absorbed. Residential intensification may extend the time horizon somewhat. There is only a potential 3-5 year supply of dwelling units remaining within the City of Barrie.[20]
Campaign 47 is an Ontario Municipal Social Services Association[21] awareness campaign to promote social infrastructure decisions with community and business groups and

[14] Muskoka Economic Profile
[15] Muskoka Economic Profile
[16] 2001 Statistics Canada
[17] TOPS 2006 Simcoe County Training Board
[18] www.hrsdc.gc.ca
[19] Growth Plan for the Greater Golden Horseshoe 2005
[20] Ed Hodgins, Senior Policy Planner, City of Barrie, February 21, 2007
[21] Omssa.com

multiple levels of government and deliver the message that investing in people makes sense.[22] The County of Simcoe released formal endorsement of this campaign in October, 2005. The initiative is focused in 3 areas – early learning and child care, homelessness prevention, and economic security. The campaign demonstrates how quality child-care and early learning opportunities make communities successful in the long term and how investments in adequate, affordable, stable housing can actually reduce costs and improve effectiveness of social services, health care and education. This campaign is about building stronger communities through partnership and caring.[23]

4.3 Community Health Status

Each month, 100 Simcoe County and Muskoka District adults, 18 years of age and older, are randomly selected to participate in a telephone survey to collect information about lifestyle behaviours that may impact their health and the health of their families. The charts below reveal the most recent statistics (Jan – Dec 2005) gathered from Simcoe Muskoka regarding self reported general health. Self reported health is recognized as a good indicator of the self perceived health of a population.

Over 50% of the population self report their general health status as excellent/very good.

Self-Reported General Health, Adults 18+, RRFSS 2005 (Jan-Dec).

Have self-reported general health	Percentage	95% Lower confidence limit	95% Upper confidence limit	
Excellent / Very Good	58.1%	55.3%	60.9%	
Good	27.5%	25.0%	30.0%	
Fair / Poor	13.9%	11.9%	15.8%	
Not Stated	--	--	--	**Not released
Sample size:	1211			

Notes:

1) The numbers in the tables and graphs are weighted.

2) Missing responses are not included in the analysis.

3) Don't know and refused responses are analyzed according to RRFSS analysis guideline.

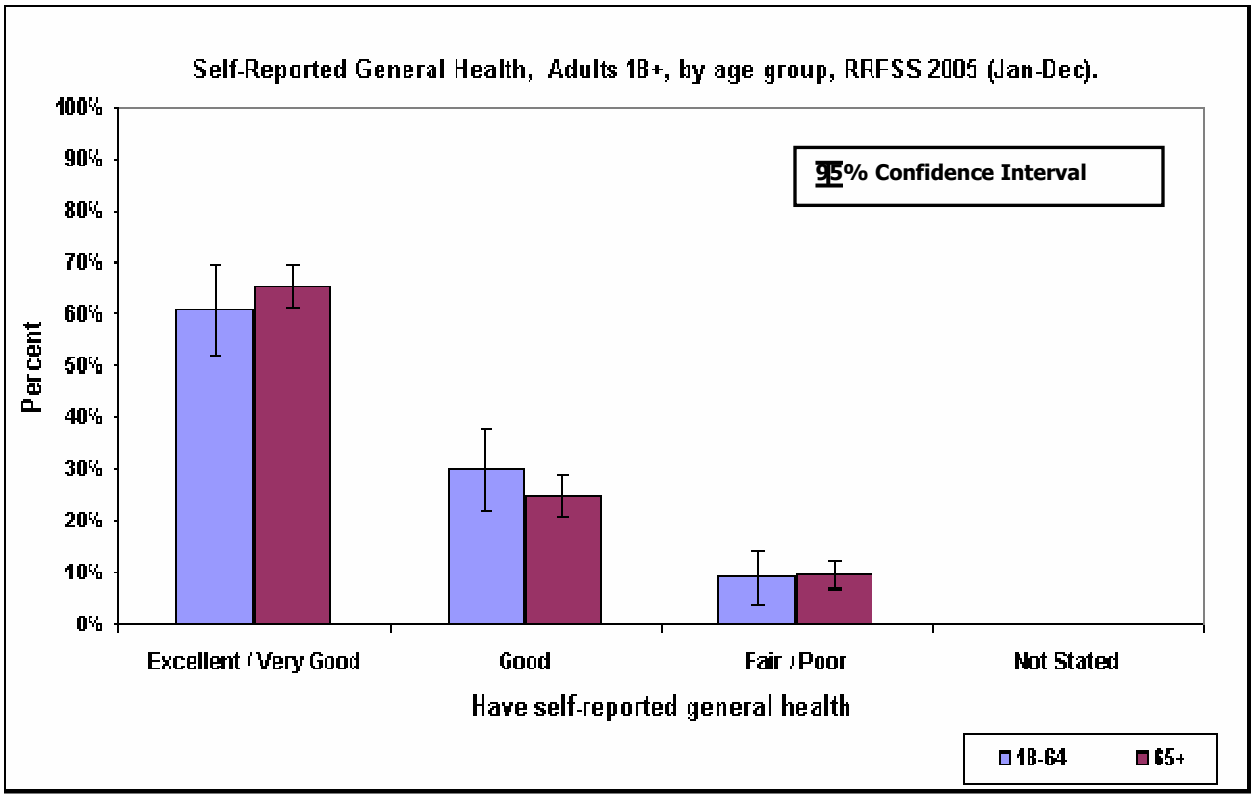
4) Release criteria of the data is according to RRFSS analysis guideline.

* Interpret with caution, high variability

** Data not released

[22] Township of Clearview, Media Advisory from Simcoe (October, 2005)
[23] Simcoe County, County Council Update September 28, 2005, Volume 1 Issue 3

When broken down by age, the following results are seen:



4.4 Other local initiatives of significance to the Strategic Plan

4.4.1 Local Health Integration Networks

Local Health Integration Networks (LHIN) are community-based organizations that have the mandate to plan, co-ordinate, integrate and fund health services at the local level including hospitals, long-term care homes, community care access centres, community support services, community mental health and addictions services and community health centres. Of the fourteen LHINs across the province, there are two organizations which have jurisdiction within the geography served by the SMDHU – The Central LHIN and The North Simcoe Muskoka LHIN. The boundaries of the NSM are almost contiguous with those of the Health Unit. Compared to other LHINs, The North Simcoe Muskoka LHIN has a higher than province:

- proportion of older people
- proportion of daily smokers
- prevalence of activity limitations
- prevalence of arthritis/rheumatism
- age standardized all cause mortality and hospitalization rate

And lower than province:

- percent of immigrants, visible minorities and francophone residents
- prevalence of physical inactivity

- percentage of people who have contacted a medical doctor in the past year
- life expectancy at birth for both men and women[24]

As community health priorities are identified at the local level, these factors will have a significant impact on the types of decisions that are made in Simcoe and Muskoka. The LHIN may also be a good source of data on local health needs and a potential research partner. The North Simcoe Muskoka LHIN is one of two LHINs that have been selected to implement new patient outcome measurement tools for nurses – Health Outcomes for Better Information and Care (HOBIC).

4.4.2 Intergovernmental Action Plan (IGAP) for Simcoe, Barrie and Orillia

Since late 2004, the Province of Ontario, the County of Simcoe and the Cities of Barrie and Orillia have been working together on an Intergovernmental Action Plan (IGAP) to address concerns about growth and environmental issues in the Simcoe County area. The purpose of IGAP is to undertake comprehensive studies on local watersheds, infrastructure needs and how local governments can manage growth pressures. The findings of these studies will help IGAP partners make informed decisions about future land-use planning matters in the Simcoe County area. Key intended outcomes are to:

- Define the capacity of the Lake Simcoe and Nottawasaga River watersheds to accommodate growth;
- Provide certainty about the availability of servicing capacity for approved development;
- Define the Barrie area's capacity for additional growth;
- Determine the most effective, efficient and sustainable mechanisms for providing municipal government and coordinating services.[25]

The research and analysis is now complete and the report has been submitted to the Ministry of Municipal Affairs and Housing for their use in assisting the identified areas in planning for future growth.

4.4.3 Places to Grow Better Choices, Brighter Future

"Places to Grow" is an initiative of the provincial Ministry of Public Infrastructure Renewal. "The Government of Ontario has a vision for the Greater Golden Horseshoe. More than anything, the Greater Golden Horseshoe will continue to offer an exceptional quality of life. Its communities will be places where people want to live and where employers want to invest. The region will offer a wide variety of choices for living, working and enjoying culture, and they will foster a culture of conservation. Getting around will be easy. The water will be clean, the air will be healthy and farmlands will have a productive role. The Greater Golden Horseshoe will be a place where residents enjoy living and have an exceptional quality of life." Through the Ontario government's

[24] www.lhins.on.ca
[25] Simcoe County IGAP June 2006

Places to Grow initiative and the Growth Plan for the Greater Golden Horseshoe, the government will achieve this vision by:

- Revitalizing downtowns to become vibrant and convenient centres
- Creating complete communities that offer more options for living, working, shopping and playing
- Providing greater choice in housing types to meet the needs of people at all stages of life
- Curbing sprawl and protecting farmlands and green spaces
- Reducing traffic gridlock by improving access to a greater range of transportation choices [26]

Simcoe County has been identified as an area that would fall within the "Places to Grow" initiative.

4.5 External Consultations

4.5.1 Key Informant Interviews

The Strategic Planning Working Group compiled an extensive list of over 90 key informants in the Simcoe and Muskoka communities. This list was created by using criteria provided by the consultants (Appendix C) and represented a cross section of population, geography, sectors and breadth and depth of relationships with the health unit. The Strategic Planning Working Group identified a process to determine the final list of key informants that would be contacted for a telephone interview. A process was developed for inviting each key informant to participate (Appendix D). The final list can be found in Appendix E.

Twenty-four key informant telephone interviews were completed (see Appendix F for the interview script). Ten of the interviews were with key informants located in the District of Muskoka the remainder with contacts from Simcoe.

Insights from key informants:

- Generally current population trends such as aging of the baby boomers were the most commonly mentioned issues to be aware of.
- Other factors mentioned were population growth and the increase in the number of residents who commute outside the area for work.
- Another effect of growth that was often cited was the increased demand on services by a growing population and the need for organizations to work more closely together to meet the rising needs.
- Some key informants, particularly those who were involved in organizations related to the environment, also stated concern over air and water quality in the future given the amount of growth and development in the area.

[26] Places to Grow: Better Choices. Brighter Future. A Guide to the Growth Plan for the Greater Golden Horseshoe 2006Ministry of Public Infrastructure Renew

- Other societal issues were often cited such as an increase in bullying in the schools, obesity in young children and youth and low physical activity levels of residents.
- It was noted that a gap between "haves" and "have nots" in Muskoka is growing and is much larger than previously noted.
- Dealing with issues of both a rural and an urban geography was mentioned as well as the extensive geography of this area.
- Key informants were aware of health unit programs and services in the areas where they already had a relationship with the health unit. They were not as aware outside of that relationship. What they did know about the health unit they rated as highly positive.
- All stated that they were interested in working together with the health unit to address current and future community needs.
- There was concern stated around pandemic planning and our state of readiness as a community.

Observations concerning the Key Informant Interview process:

- The return on information gained from this source was modest and not much new was learned.
- The Key Informant Interview did serve to inform respondents that the strategic planning process was underway.
- All key informants interviewed were interested in the results of the strategic plan and would like to receive some information once it is complete.
- The main point stressed by these key informants was that they want to work together with the health unit and jointly determine the most appropriate lead agency for each issue or initiative.
- The health unit was best known for its role in pandemic planning and there was a sense that health unit leadership in this initiative is appropriate.
- Programs and services were generally well received and no comments were made with respect to the recent merger. Key informants reported very little information regarding changes to the level of service even when prompted to do so.
- There were very few low ratings on vision elements. Most agreed that the health unit was working towards the vision statement. Some lower rankings came from those working in the Francophone community.
- In most cases, there was at least one of the vision elements that people did not know enough about to comment. This may indicate a lack of awareness about overall health unit activities outside of existing relationships.
- All were interested in working in partnership with the health unit to address community needs.
- Those with current relationships all reported them as positive.
- Many relationships identified were somehow connected to pandemic planning and emergency preparedness. The health unit was identified as playing a strong role in this area in the community.

- There was generally a positive feel towards new partnerships with a qualifier about working together. Some community organizations saw themselves playing a larger role and potentially the lead role on certain issues.

4.6 Internal Consultations

4.6.1 Health Unit Staff Input

Electronic Survey (Appendix G)

All health unit staff were invited to complete an online survey which used the platform of Survey Monkey. The survey was available online for a ten day period and responses were submitted anonymously. Staff received email communication from the Medical Officer of Health identifying how to access the survey and the timelines for completing it. There was one reminder email sent the day before the closing date of the survey.

In total, 160 responses were received. This represents 48% of the total staff population using a total staff figure of 327 at that time. The largest response by role was by Public Health Nurses (50.6%). The next largest was from the "other" category. This included administrative staff such as payroll, administrative co-ordinator and administrative assistants and IT staff. Common threads and comments from the staff survey are included below.

Staff Survey Results

The initial two questions asked respondents to rank the effectiveness of the current SMDHU programs and services with respect to the mission statement and the vision statements. The results are printed below.

1. The mission statement, which is meant to describe the fundamental purpose and mandate of the organization, for the SMDHU is: "The Simcoe Muskoka District Health Unit is committed to excellence in promoting and protecting health, and preventing disease and injury. Our goal is to work with individuals, families, communities and agencies to achieve optimal health through the delivery of programs and services."

	Very effective	**Somewhat effective**	**Somewhat ineffective**	**Very ineffective**	**Respondent Total**
How effective do you feel the current programs and services of the SMDHU are in reflecting the Mission statement	32% (51)	**57% (91)**	10% (16)	1% (1)	**159**
Total Respondents					**159**

It is of significance that over half of the staff respondents felt that the current programs and services are at least somewhat effective in reflecting the mission statement. There was a sense that current programs and services are on the right track.

2. How effective do you feel the current programs and services of SMDHU are in working towards achievement of the following long term vision? The long-term Vision of the Simcoe Muskoka District Health Unit is "We see the people of Simcoe Muskoka leading healthy, fulfilling and productive lives. The health of people, communities and the environment in which we live, work and play is a key consideration in community planning and policy making. The health unit makes a significant contribution to population health and quality of life through its leadership and work with communities, such that:

	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective	Respondent Total
People of all ages build on strengths and opportunities to nurture healthy, lifelong growth and development, achieve optimal levels of education, employment, shelter and nutrition, and develop socially supportive networks of relationships;	14% (21)	**64% (95)**	19% (29)	3% (4)	**149**
People and communities have the information, knowledge and skills required to make choices for health;	18% (27)	**62% (93)**	18% (27)	1% (2)	**149**
Services are designed and implemented in partnership with people to meet their needs, respect diversity, and are accessible, culturally appropriate, and coordinated;	16% (24)	**46% (68)**	30% (45)	8% (12)	**148**
A healthy environment is sustained through public policy and actions to ensure clean air, land and water;	20% (30)	**55% (82)**	22% (33)	3% (5)	**149**
Threats to people's health are anticipated, prevented or minimized, and communities have the capacity to respond to emerging and emergency issues.	29% (43)	**55% (82)**	14% (21)	1% (2)	**148**
Total Respondents					**149**
(skipped this question)					**11**

Responses from staff indicate that for the most part, the programs and services are directed towards the attainment of the vision statements of the Health unit. The only area where there was a lower ranking was in the area of community partnerships.

Staff were also asked to comment on the health unit's internal strengths and weaknesses as well as external opportunities and threats. In the area of strengths of the current programs and services of SMDHU, the input was categorized under the following themes:

- community partners
- staff
- programs

The top internal challenges were categorized under the following themes:

- resources (lack of)
- evaluation (lack of)
- community partners
- organizational culture
- internal partners
- programs
- internal communication

These challenges were also often identified during the facilitated discussions with Executive Committee and the Managers and Supervisors.

The top external challenges were categorized as follows:

- resources
- public awareness
- demographics/ geography of the area
- direction of the health unit
- internal partners
- (social) determinants of health
- community partners

Many of the external challenges were also raised in the facilitated discussions.

The top opportunities anticipated or underway internally and/or in the community were categorized as:

- working with schools
- community partners
- Family Health Teams, LHINs
- healthy communities
- municipal election (had not occurred at the time of the survey)
- environment

The top activities/ initiatives internally and/ or in the community that were perceived to be a threat to the health unit were categorized as:

- LHINs
- demographics
- activities of other ministries i.e. Health Promotion

- organizational culture
- government

The top issues facing the health unit were categorized under the following themes:

- environment
- lifestyle choice
- (social) determinants of health
- health care system
- chronic disease
- demographics
- organizational culture
- programs

Many of these issues were also raised during the facilitated discussions and warrant further attention as the strategies roll out.

The questions "Do you feel the programs and services of SMDHU address the health issues indicated above" asked staff to reflect on whether or not they felt the health unit was addressing the issues they had identified in the previous question. 36.4% of staff said yes and 63.6% said no. This suggests, that, although above staff indicated that they felt that the current programs and services of the health unit are somewhat to very effective in reflecting the health unit's mission statement, they also feel that the health unit was not doing as well in addressing emerging community health issues.

Those who responded no were directed to an additional question which asked them to identify proposed solutions. The areas to focus solutions on that were identified were categorized as follows:

- community partners
- organizational culture
- healthy communities
- environment
- determinants of health
- advocate
- cross program planning
- profile

The final open ended question on the survey asked respondents to identify one change they would like to see made with respect to the programs and services of SMDHU. The focus themes identified were as follows:

- comprehensive health approach
- evaluate to determine effectiveness
- community partnerships
- public awareness
- organizational culture
- research
- internal processes

In summary, the results of the staff survey suggested certain issues to address and areas to focus on. Many of the comments made during the staff surveys were reinforced in the facilitated discussions and have had significant impact on the development of the recommended strategies. Clearly a need to focus on the "people" part of the organization was strongly suggested during the survey. This is not surprising, given that the survey was available after the merger focus groups had taken place but prior to staff being aware of what actions would be resulting from those focus groups.

4.6.2 Facilitated Discussions

The Board of Health, Managers and Supervisors and Executive Committee each experienced a facilitated strategic planning discussion. This discussion, held with each group individually provided participants with background information on the current mission, vision and values, and defined terms that would be used in the meeting. Participants were also given a Priorities Question and Answer sheet which suggested a needs, impact, appropriateness, capacity approach to priorizing (Appendix H). The content and the process were identical for the three groups so that results could be compared.

There were very consistent responses across all three data sources. The six key findings from these groups were:

- Addressing determinants of health
    - There was a sense that there is a role for the health unit to play with the determinants and that it is important for the health unit to define that role and then proceed accordingly.

- Communication
    - Externally – All three groups questioned if the community (public and partners) really understood what the health unit does. The sense was there is a need to sell the value of some activities and services to the community. This was seen as a public relations issue.
    - Internally – This was identified as a broader piece of finishing off issues from the merger (timely, open, effective communication). There was an acknowledgement that action is necessary in this area.

- Community partnership
    - This was discussed as a need to develop an understanding of the appropriate role for the health unit in areas such as the environment. There was also recognition of the need to determine who is best suited for what roles in relation to these issues. It was identified that the health unit needs to be sure they are advocating in the right areas.

- Healthy communities.
    - It was identified that the health unit needs to determine what role it will play with respect to Building Healthy Communities and the associated programming. The health unit has a role to play in affecting the built environment and environmental issues but that role needs to be defined.

- Organizational culture
    - As a new organization, all the things that would typically need to happen in a new organization are still required. There is a need to address staff issues such as work/life balance, morale and equity. There is also a need to focus the organization on achieving excellence and ensuring that the community still sees the health unit as credible given the amount of change that has happened.

- Information management
    - Access to data when and where it is needed was identified as a priority as was the need to undertake applied research in a proactive way, to generate local relevant data for program planning and service delivery and to be on the leading edge in applying data to programming.

4.7 Implications of the Situational Analysis

- The opportunity to work with the tourism sector on active tourism, active transportation, and other issues such as preservation of green space could have an overall impact on health.
- The anticipated deficit of new job seekers in the health and social service sectors has significant implications for the health unit particularly and its ability to effectively deliver programs. The health unit needs to consider strategies to attract and retain workers in order to proactively address this potential labour shortage.
- Growing concerns related to ground water quality and air quality will have implications for health unit programs and the role that the health unit plays with respect to the environment.
- Initiatives such as Campaign 47 and its emphasis on social determinants of health will act as a catalyst for the SMDHU to define their role with respect to the determinants of health.
- The IGAP report and the Places to Grow initiative will shape how Simcoe County communities grow. The health unit may be presented with many opportunities for partnership as a result, specifically in the areas of Building Healthy Communities and the built environment. The health unit should remain connected to their local municipalities in Simcoe and Muskoka and actively look for initiatives or directives that are created as a result of this plan and similar initiatives.

- The information on self reported health indicates that the population would be interested in programs and services that would help maintain their general health status.
- The information gained from the LHIN patient outcomes tool for nurses pilot may help to inform decisions made by the health unit with respect to program evaluation. The LHIN may also present opportunities for research related partnerships.
- The generally positive feeling expressed towards new partnerships with the health unit suggests an openness to working together in new areas or perhaps in new ways in existing areas.
- The staff survey results indicate a strong agreement that the health unit current programs and services are somewhat effective to very effective in reflecting the mission statement. This would suggest a high level of staff support for the current programs and services and a sense that they are on the right track.
- The lower ranking given to the vision statement relative to community partnerships and suggests that staff feel that partnerships present a great opportunity for furthering the work of public health.
- The identification by staff of community partners, staff (people) and programs as the top three strengths of the health unit indicates that, at least from a staff perspective, the key assets of the organization are the people involved and the programs they deliver. This indicates a pride in the work that they do and the programs that are being offered.
- The identification of community partnership as an opportunity for action as well as the opportunity to work more closely with and within the schools, combined with the willingness to partner and collaborate suggested by the key informants during their interviews suggests partnership being a key focus in the strategic initiatives.
- The high percentage of staff who responded that they did not feel that the current programs and services were meeting identified health issues (63.6%) identifies a staff expressed need to re-examine programs and services and to evaluate their effectiveness in addressing the health issues of the community. Although staff also identified earlier that programs and services were aligned with the SMDHU mission and vision, there is a sense expressed here that they may not be aligned with community needs.

5 LIMITATIONS OF THE DATA COLLECTED

- The sample of Key Informants was generated by health unit staff themselves. There is the potential for that process to have included a bias to include those who already have a strong and positive relationship with the health unit
- The proportion of Public Health Nurses (50.6% of the sample) responding to the survey was greater than the proportion of Public Health Nurses within the

employee group. It is difficult to determine why this may have happened but it does have the potential to influence the findings.

6 EMERGING STRATEGIC PRIORITIES

From all the data gathered, ten emerging strategic priorities were identified (Appendix I). These ten emerging strategic priorities were as follows:

- Program staffing
- Organizational culture
- Staff supports
- Integration
- Structure
- Planning
- Programs
- Program delivery
- Public perspective
- Partners

A facilitated discussion was held with the Strategic Planning Working Group, the Director of Corporate Service, Director of Healthy Living Service and the Medical Officer of Health. Many of the original ten emerging priorities were seen as being closely related to each other. As an example, structure was seen as an element of program delivery and staff supports were related to organizational culture. Public perspective was seen as more of an outcome of everything else working well and not as a priority on its own. As a result of that discussion, the following three strategic priorities were identified as the areas of focus for this plan.

- Organizational Culture (People)
- Programs and Program Delivery (Programs)
- Partnerships (seen as a part of both of the other areas)

The strategic plan was then built on these three priorities. The full plan appears on the next pages.

7 STRATEGIC PLAN 2007-2010

The purpose of this Strategic Plan is to articulate the priorities of the Simcoe Muskoka District Health Unit (SMDHU) in response to current and projected health needs of the community.

All of these efforts are directed towards the fundamental work of public health, which is defined by the Association of Local Public Health Agencies (alPHa) to be:

"The science and art of protecting and improving the health and well being of people in local communities and across the country. It focuses on the health of the entire population or segments of it such as high risk groups, rather than individuals. Public health uses strategies to protect and promote health and prevent disease and injury in the population."

This strategic plan is flexible and practical and yet serves as a guide to implementing programs, evaluating how these programs are doing, and making adjustments when necessary. This plan reflects the thoughts, feelings, ideas, and realities of the health unit and molds them along with the agency's vision, mission, and values into an integrated document.

The plan is a tool for organizing the present, based upon the projections of the desired future. It is a road map that will lead the Simcoe Muskoka District Health Unit from where it is now to where it would like to be in four years.

The development of this plan included much probing, discussion, and examination of the views of the stakeholders who are responsible for the plan's creation. However, the development of this plan is less complicated than the implementation will be. The process of implementation will, in essence, pull the plan apart and diffuse it throughout the organization. Every program, service and functional unit is encouraged to accept and apply the plan to their work by defining and implementing specific actions that will contribute to achieving our desired future. In this way the plan will become a living document where the whole is much greater than the sum of the parts.

The desired future for the Simcoe Muskoka District Health Unit is represented in its Vision Statement, as created in 2006.

Vision 2026 provides everyone in the organization with a shared mental picture of what the organization intends ultimately to become 20 years in the future.

This statement is not abstract. It expresses as concrete an image of the desired future state as possible, and also provides the basis for formulating strategic priorities, goals and expected outcomes.

VISION 2026

We see the people of Simcoe Muskoka leading healthy, fulfilling and productive lives. The health of people, communities and the environment in which we live, work and play is a key consideration in community planning and policy making.

The Health Unit makes a significant contribution to population health and quality of life through its leadership and work with communities, such that:

• people of all ages build on strengths and opportunities to nurture healthy, lifelong growth and development, achieve optimal levels of education, employment, shelter and nutrition, and develop socially supportive networks of relationships;

• people and communities have the information, knowledge and skills required to make choices for health;

• services are designed and implemented in partnership with people to meet their needs, respect diversity, and are accessible, culturally appropriate, and coordinated;

• a healthy environment is sustained through public policy and actions to ensure clean air, land and water;

• threats to people's health are anticipated, prevented or minimized, and communities have the capacity to respond to emerging and emergency

Fundamental to the success of any organization is the **Mission Statement**, which defines the core purpose of the organization - why it exists. The SMDHU Mission, created in 2006, examines the "raison d'être" for the organization, and reflects our employees' motivations for engaging in the organization's work.

OUR MISSION

The Simcoe Muskoka District Health Unit is committed to excellence in promoting and protecting health, and preventing disease and injury. Our goal is to work with individuals, families, communities and agencies to achieve optimal health through the delivery of programs and services.

Six **Values** are fundamental to the way we work with each other and within the community. They represent the deeply held beliefs within the organization and are demonstrated through the day-to-day behaviours of all employees. These values make an open proclamation regarding the behaviours we expect from one another. These values will endure over the long term and provide a constant source of strength for the organization.

WE VALUE:

EXCELLENCE in providing services to our clients and our communities

ACCOUNTABILITY for our individual and collective choices, actions and outcomes; and for the responsible and efficient use of public funds and resources

RESPECT for the rights of all people to be treated fairly and with dignity, and to make choices that reflect individuality and diversity while working toward improved health for all

WORKING TOGETHER and sharing responsibility among health unit staff, and with government, agency and community partners

POSITIVE WORKING ENVIRONMENTS which foster open communication, work-place wellness and work-life balance

ACHIEVEMENT of equal opportunity for health

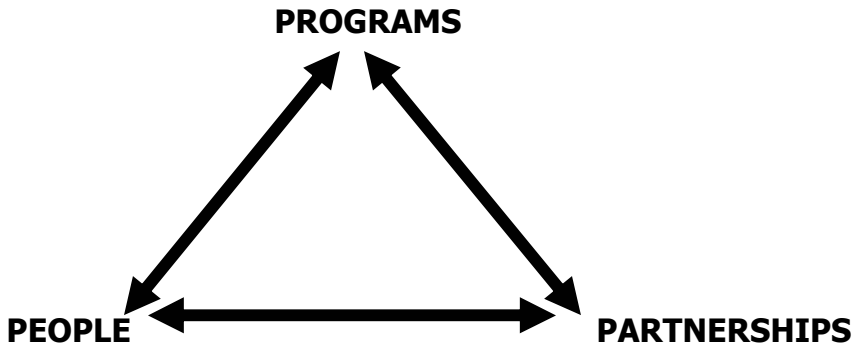
With these long-term strategic statements in place (vision, mission, and values), the stage was set to identify the priorities for specific action within the 2007-2010 timeframe. Input to this decision was gained through:

- a review of community health needs and broader community trends
- an electronic survey conducted with employees
- interviews with identified key informants
- a Strength, Weaknesses, Opportunities and Threats Analysis
- discussions with the internal Strategic Planning Working Group, managers and supervisors, health unit executive committee and the board of health
- post-merger focus groups conducted with SMDHU employees.

From several potential options, the decision was made to focus on three **Strategic Priorities**. These priorities describe the clusters of activities the organization will pursue in the next four years to focus the work, allocate resources, and make progress towards the Vision. The Strategic Priorities are the bridge between the broad

statements of vision, mission and values and the operational tactics or concrete actions undertaken. The three Strategic Priorities of **Programs, People** and **Partnerships** were established and are described below along with the associated **Goal** and **Outcomes** expected for each between 2007 and 2010, and the rationale from the strategic planning research that supports each priority.

The three priorities are inextricably linked and the excellence to which the health unit aspires is dependent upon success in all three areas. The delivery of high quality programs and services is fundamental to the health unit's efforts to improve the health of the community. Highly skilled people are required to work together behind the scenes and on the front line to address the complex health needs of a growing community. Continuing to work with partners from diverse sectors, as well as seeking new partnerships will be a critical success factor.



Strategic Priority #1:

PROGRAMS

Provide leadership and excellence in public health programs

Programs are the method by which the health unit works towards the attainment of its vision and goals. They are the public demonstration of the health unit's adherence to its values. Public health agencies in Ontario are required to meet the minimum standards set by the Ontario Ministry of Health and Long-term Care (MOHLTC). These standards provide the Ontario-wide framework for the planning and delivery of public health programs and services; however, additional areas of emphasis may be established by each public health agency in response to local community and agency identified needs. Programs are the community face of the health unit. The community understands the health unit's role through the specific public health programs delivered and therefore programs can be used as a vehicle to increase public awareness and public profile. Programs are the fundamental means by which the public health needs of the population are addressed, and the lens through which most SMDHU staff see their role within the organization. As well, programs are often the catalyst for the formation of new community partnerships.

GOAL: Deliver evidence-based provincially mandated and locally determined programs and services that protect and promote the health of Simcoe Muskoka's population, and be recognized as a leader, innovator and credible voice of authority on significant public health issues.

OUTCOMES:

Emerging Public Health Directions

1.1 The Health Unit has explored options, identified required resources and determined a clear role, which is well-communicated internally and externally, in the following emerging areas of public health:

- The Built Environment and Health
- Social and Economic Determinants of Health
- Environmental Health Hazards
- Mental Health Promotion

1.2 Program activities and resources are identified and coordinated across programs and service areas in order to create comprehensive, integrated, setting-specific initiatives in the following areas:

- Comprehensive School Health
- Childhood Obesity

Service and Program Delivery Models

1.3 A model of service delivery, including physical and technological infrastructure, is established that is client-centred, accessible, reflective of mandatory requirements and responsive to the community needs.

1.4 A standardized model for program planning and performance measurement is in place that is based on the best available evidence with a demonstrated commitment to continuous quality improvement.

1.5 Current and emerging programs and services are critically assessed to ensure that sufficient resources, including current and new technologies, are available and efficiently used.

Strategic Priority # 2:

PEOPLE

Be a healthy, vibrant and desired workplace

The core of the health unit is widely acknowledged to be our people. As a new entity, SMDHU identified the need to engage staff in the development of a common vision for the future. This included the development of a set of values that would guide the way we work and relate to each other with the underlying premise that strong internal working relationships translate into strong professional relationships within the community and excellence in customer service.

Positive working environments which foster open communication, workplace wellness and work-life balance are health unit values. The named value of *"Respect for the rights of all people to be treated fairly and with dignity while working together to improve health"* identifies the high priority placed upon the agency's human resources. Community data identifies a pending shortage in health care sector workers in this community. This, combined with the baby boomer population retiring in the near future, makes it imperative that the we address retention and recruitment issues and position ourselves as an employer of choice. A focus on people is necessary to achieve these results.

GOAL: Provide a healthy working environment where skilled and dedicated people choose to work together to promote and protect health, and prevent disease and injury.

OUTCOMES:

2.1 Employees share responsibility for agency outcomes, have influence over work processes and demands, and experience a healthy work-life balance.

2.2 Public health programs and services are supported by staff, who are well-informed through timely communication, and experience consistent application of clear and equitable human resources policies and procedures.

2.3 Effective strategies are in place for employee recruitment, orientation, retention, succession and recognition such that employees deliver innovative, excellent programs and services in a supportive team environment.

2.4 The principles of a learning organization are applied as the workplace addresses the core competencies for public health.

Strategic Priority # 3:

PARTNERSHIPS

Strengthen partnerships to enhance public health

"Working together and sharing responsibility with government, agency and community partners" is a health unit stated value. As the scope of public health programming broadens to include new and emerging health concerns and issues, it will be necessary for the health unit to work even more closely with partners in the community. Sustainability principles also dictate that multiple partners work together on related issues. Key informant interviews undertaken during the strategic planning process indicated an eagerness to partner with the health unit and an openness to exploring new ways of working together. The health unit is currently considered to be a strong partner in the community and this strength will need to extend to new partnerships.

GOAL: Seek new partnerships and nurture existing partnerships to integrate services and enhance public health in Simcoe Muskoka.

OUTCOMES:

3.1 Partnerships to address emerging public health directions are developed.

3.2 Programs and services are developed and delivered with the appropriate mix of internal and external partners.

3.3 The health unit has provided leadership to the re-orientation of local health services to focus more on health promotion and disease prevention through collaborative planning with health care partners, and education for applicable health sector workers.

3.4 The health unit has contributed to the advancement of public health knowledge and practice through research.

References

1. Strategic Planning Handbook. Special Libraries Association. 1997. http://www.sla.org/pdfs/sphand.pdf
2. "The Balanced Scorecard". http://www.balancedscorecard.biz/Glossary.html

8 USING THE STRATEGIC PLAN

The strategic statements presented above are intended to provide direction to health unit initiatives between 2007 and 2010. A plan of action is now required to operationalize the Strategic Priorities and Goals in order to achieve the stated Outcomes. The Strategic Plan will be put to use in one of several ways:

- as a **decision-making tool** when establishing annual operational plans. Each initiative or activity will be selected based on its ability to advance one or more of the strategic priorities.
- as a **continuous quality improvement tool**. Staff will assist in the identification of performance measures relevant to the Outcomes in the plan. They will collect, interpret and report on data relevant to these Outcomes on an ongoing basis. In preparation for each regular operational planning cycle, staff will revisit the plans developed in the previous year to assess progress made and alignment with Strategic Priorities; identify any barriers to action; assess the effectiveness of the initiatives to date; look for related or new opportunities to take further action; and examine resources available.

Steps in Developing Action Plans

1. An overall action plan will be developed that outlines the necessary initial steps for the agency related to each Strategic Priority.

2. An action plan for each major function in the organization will be developed, such as communications, human resources, administration, and for each program. In each action plan, the relationship of the action plan specific to the organization's overall, top-level action plan will be specified.

3. Ensure each committee, team or employee has an action plan that contributes to the overall plan. These plans, in total, should depict how the action plans of the major functions and programs will be implemented and relate back to the organization's overall, top-level action plan.

4. The Values of the organization will be addressed in the specific initiatives planned.

5. The format of the action plan depends on the nature and needs of the organization. The plan for the organization, as well as the plans for each major function, program, team and employee will specify:
a) The specific objectives that are to be accomplished.
b) How each objective contributes to the Strategic Priorities and Goals.
c) What specific results must be accomplished and the relationship of those results to the Outcomes.
d) How those results will be achieved.
e) When the results will be achieved (or timelines for each objective).

6. The evaluation and accountability requirements will be integrated into the plan (e.g. Continuous Quality Improvement framework applied).

- as a **communications tool** to key audiences, such as the public, current and potential partners, senior bureaucrats and elected officials within the systems which impact or influence the health of the population. Although the content of the Plan would not fundamentally change, effective communication principles will be employed to customize the process and product with each audience. The primary objective of this communications exercise will be to increase awareness in the audience regarding the health unit's intended directions for the next four years.

Steps in Communicating the Strategic Plan

Note that certain groups of stakeholders will get complete copies of the plan, including appendices, while other groups (usually outside of the organization) will receive only the body of the plan without its appendices.

1. Every board member and member of management will get a copy of the plan.

2. All (or highlights from) the plan will be distributed to everyone in the organization. It will be a core piece of all orientation materials for new staff.

3. The plan will be posted on the walls of main offices. Each employee will be given a copy of the plan in an easy reference format with the statements (or highlights from them).

4. Portions of the plan will be published in regular communications materials such as newsletters, Web site, and advertising and marketing materials.

5. Employees and the board members will be engaged in reviews and discussions of the plan and its application to their work so that they are comfortable speaking to the contents of the plan given any formal or informal opportunity.

6. Relevant portions of the plan will be included in policies and procedures, including the employee manual.

- as a **partnership development tool**. Once the action plans are clearer and it is apparent where and how partners (internally and externally) can best add value, discussions will occur with existing and potential external partners regarding how joint action might be undertaken. Internally, the Strategic Plan will be used to identify potential areas for cross-program collaborations.

References

1. Adapted from "Basics of Writing and Communicating a Strategic Plan". Carter McNamara. http://www.managementhelp.org/plan_dec/str_plan/str_plan.htm

9 APPENDICES

APPENDIX A

Strategic Planning Working Group

Marina Whelan	Committee Chair
Cindy Francis	
Rebecca Dupuis	
Suzanne Coulson	
Brenda Marshal	
Megan Williams	
Karen Burgess	Board of Health Representative

APPENDIX B

Strategic Planning Working Group
Terms of Reference

Name of Task Force Strategic Planning Working Group

Chair/Facilitator Appointed by Executive

Members 1 Board Member
5 Service Representatives

Starting Date: March 2006
Proposed Final Report Due: November 2006

Describe Purpose of Task:

The Strategic Planning Working Group will work with the consultant to develop a strategic plan to guide health unit activities for the years 2007-2009, following the overall timeline of the strategic planning workplan. The strategic plan will capture and address the organizational mission, vision, values and corporate image. It will be a good fit between the Health unit and its environment, capitalizing on the strengths and opportunities while addressing the weaknesses and threats. The plan will be actionable and assessable. It is anticipated that two days per month of work on this initiative will be required of the members.

Major Responsibilities/Required Task:

To assist the Consultant in the following;

1. To further develop the workplan for developing the new Strategic Plan.

2. To obtain input from the Board of Health, staff and community partners.

3. To scan the internal and external environments, using a variety of methods.

4. To identify strategic issues and formulate strategies to manage the issues, including long-term goals and objectives, that are consistent with the health unit vision, mission, values and corporate image.

5. To communicate the completed plan to Board, staff, clients and partners.

Type Interim Report Required: Written Oral

Report to: Board of Health through the Medical Officer of Health

APPENDIX C

Key Informant Priorizing Criteria

These criteria are presented to assist you with the creation of the initial list of key stakeholders to be interviewed. Assuming there will be a need to priorize this initial list to determine a manageable number, these criteria can be used again to priorize. These criteria carry equal weight and so are presented in no particular order.

1. A mix of specific populations is represented across the sample (i.e. age, gender, special needs, diversity of culture)

2. Maximum reach by working with stakeholder groups such as networks, committees that represent larger constituencies whenever possible as opposed to individual organizations

3. A mix of geographical representation across Simcoe/Muskoka in the overall sample

4. A mix of representation across the various sectors of business, social service, health, recreation, sport.

5. The degree to which they have a current or planned involvement in public health.

APPENDIX D
Key Stakeholder Interviews
Invitation Process

Background:
The key informant interviews are an important component in the strategic planning process. The stakeholders have been carefully selected to provide sectoral, geographic and demographic representation for Simcoe Muskoka using the following guiding criteria:

- A mix of specific populations is represented across the sample (i.e. age, gender, special needs, diversity of culture)
- Maximum reach by working with stakeholder groups such as networks, committees that represent larger constituencies whenever possible as opposed to individual organizations
- A mix of geographical representation across Simcoe/Muskoka in the overall sample
- A mix of representation across the various sectors of business, social service, health, recreation and education.
- The degree to which they have a current or planned involvement in public health.

The views and opinions of the stakeholders will guide us as we move forward, so it is critical for us to engage these individuals. The strategic planning working group suggests the following process for the initial contact with the stakeholders. Once the initial contact has been made, Du B Fit will follow-up to arrange the interview time and conduct the interview.

Process:

1. A manager/director be assigned to connect with an appropriate stakeholder based on an existing professional relationship. The purpose of the initial contact would be to:
   - Inform the stakeholder that the health unit is embarking on a strategic planning process. He/she has been identified as representing an organization that could provide key information to our process.
   - Explain to the stakeholders the criteria/rationale for them being selected and reinforce the value of their input to our strategic planning directions.
   - Assuming that he/she is willing to participate, a consultant from Du B Fit will be contacting them to arrange an interview.

2. Once the manager/director has made that contact, email Alice Strachan, Du B Fit, astrachan1@cogeco.ca so that the consultants can proceed with the actual interview.

APPENDIX E

Key Informant List

(* indicates interview was completed)

Dr Michael Murray *	Royal Victoria Hospital
Kathy Simpson *	Kinark Child and Family Services
Peter Hominuk *	La Cle d'la Baie
Judi Brouse *	Director of Watershed Program Muskoka Heritage
Seija Suutari *	United Way of Simcoe County
Louise MacDonald *	North Simcoe Hospital Alliance and Good for Life
Brian Beal *	Superintendent of Programs and Services SMCDSB
Susan Lalonde Rankin *	CAMH and Think Clear
Kathy Patterson	Family Youth and Children's Services
Mary Shirley Thompson	Family Youth and Children's Services
Mary Ballantyne *	Simcoe County Children's Aid Society
Anne Bell *	Community Care Access Centre Simcoe County
Kathi Wallace	Superintendent SCDSB
Lesley Watts Robinson *	Community Action Program for Children
Rosamond Abbott *	Algonquin Children and Family Services
Charlane Cluett *	Muskoka Parry Sound Community Health Service
Calvin Stone *	Ontario Lake Country Association
Keith Sherman *	Severn Sound Environmental Association
Jane Sinclair *	Gen.Mgr Health and Social Services, Simcoe County
Kathleen VonScheidt	Huntsville Memorial Hospital
Terri Caron *	CAO – Town of New Tecumseth
Cindy Maher *	CAO Town of Gravenhurst
Kevin Cutler *	Supervising Principal of Program Trillium Lakes SB
Colleen Nisbett *	Co-ordinator NSM Infection Control Network
Philippa Welsh *	Long Term Care Services Simcoe County
Loretta Urban-Kew *	Infection Control Professional – Collingwood Gen and Marine Hospital
Jennifer Purkis *	Muskoka Family Focus
Peter Lee *	CAO City of Barrie

APPENDIX F

Key Informant Interview Script
Telephone Interview

Simcoe Muskoka District Health Unit Key Informant Interview

9.1 Introduction

My name is XXX. I am working with the Simcoe Muskoka District Health Unit to update their strategic plan. Part of our research involves speaking with key stakeholders in the communities served by SMDHU to gather their input on the SMDHU and their work in the community. You/your organization has been identified as one of those key stakeholders.

The purpose of my call today is to find out more about your current relationship with SMDHU, your perception of the role of SDMHU in your community and your evaluation of how effectively that role is being fulfilled. We would also like to gather some information regarding the future direction of the Health Unit over the next three years, based on community trends and needs.

The information you share with me today will be kept confidential and will only be presented as aggregate data or identified as being "from a key stakeholder". Once complete, the strategic plan will be available from SMDHU by calling Marina Whelan, likely early in 2007.

This interview takes about 20-30 minutes to complete. Do you have time to complete this interview now or is there a time I should call back?

1. What is your organization's connection to SMDHU?

Probe for length of each connection
2. What do you think the core business of the SMDHU is?

Define your "community" for me.

Based on your understanding of your community, today, what do you the core business of the health unit should be?

- Any particular reason why you feel these are important?

3. What programs and services should SMDHU continue to offer?

4. What are the trends in your community that should be taken into consideration as the SMDHU plans for the next 3-5 years of service?

- *Use PEESTDL as cues – political, economic, environmental, social,* technological, demographic, legal
  - Why have you suggested each?

- What part of the community

5. Projecting ahead and based on your understanding of your community, what do you think should be the main area(s) of focus for the SMDHU over the next three to five years?

- Why did you choose these areas?

- Do you see your organization working with the SMDHU on these areas of focus? If yes, what does that look like?

6. Along with these questions, you were provided with the SMDHU Vision Statement in advance of the interview. Could you access it now? If not, I can read it to you.

Please comment on the following aspects of the Vision listed below using a scale of 1 to 5, where 5 represents significant progress towards achieving the vision and 1 represents no action towards the vision is apparent. If you do not have enough information to comment or it is not applicable, please indicate that as your answer. Where a lower score under 3 is given, please comment on what you think SMDHU could do to improve in that area.

The health unit makes a significant contribution to population health and quality of life through its leadership and work with communities, such that:

- people of all ages build on strengths and opportunities to nurture healthy, lifelong growth and development, achieve optimal levels of education, employment, shelter and nutrition, and develop socially supportive networks of relationships;
- people and communities have the information, knowledge and skills required to make choices for health;
- services are designed and implemented in partnership with people to meet their needs, respect diversity, and are accessible, culturally appropriate, and coordinated;
- a healthy environment is sustained through public policy and actions to ensure clean air, land and water;
- threats to people's health are anticipated, prevented or minimized, and communities have the capacity to respond to emerging and emergency issues.

7. Is there anything else you would like to add that would assist the SMDHU address strategic priorities over the next 3-5 years?

APPENDIX G

Staff Online Survey

The staff survey is only available in hard copy and will be transcribed and added in later

APPENDIX H

Facilitated Discussion Handout

Dear Executive Committee/Board of Health Member,

On XXX from XX to XX, XXX, one of the three strategic planning consultants from XX will be facilitating a discussion among the SMDHU Executive Committee. The first hour will be spent discussing the Focus Group report with the remaining time spent on the strategic plan.

The purpose of the strategic planning discussion is to obtain information about the *strategic priorities* that you feel SMDHU should pursue over the next three to five years. For discussion purposes, we are defining strategic priorities as "major areas for the organization that represent the optimal intersection between critical public health issues and organizational resources."

It will ***not*** be XX's intention to try to reach consensus on any of the priorities that will be discussed. Instead, she will use the opportunity to hear what each Executive Committee member believes are the top priorities and why. The results from this session will be combined with other research to help inform the strategic plan.

To help you prepare your thoughts and comments for the session, we have enclosed the following:

- ☐ Focus Group Preparation Checklist
- ☐ Strategic Priorities Question & Answer Sheet
- ☐ Vision, Mission and Values for SMDHU
- ☐ Glossary of Terms

Prior to the focus group, we encourage you to use the **Strategic Priorities Question & Answer Sheet** to help you identify and write down any thoughts you may want to discuss. We will have blank copies of the Q&A Sheet at the session so that you can write down and submit any comments that you do not have a chance to share during the session.

To ensure that we capture the information as accurately as possible, we are requesting permission to audio record the focus group. The recording will only be used by the DU B Fit consulting team for the purposes of analysis. The recording and the transcription will not be shared outside the consulting team, and, upon completion of our analysis, the audio tape will be destroyed.

If you have any questions prior to the focus group, please contact Sandy Horney (ext. 7256) (Marina) at (ext. 7345)

Yours truly,
DU B Fit Consultants

Simcoe-Muskoka District Health Unit – Strategic Planning

Executive Committee Discussion Group Preparation Checklist

To help you prepare for this session, we encourage you to follow the suggestions below:

Before the Focus Group:

- ☐ **Review** the Vision, Mission and Values for SMDHU

- ☐ Using the Strategic Priorities Answer Sheet, identify what you believe are the **three most important strategic priorities** for SMDHU over the next 3-5 years. These top three priorities should be based on your understanding and interpretation of the Vision of SMDHU ('where we want to go') as a SMDHU staff member, combined with your perception of the Strengths and Weaknesses of the agency as well as the Opportunities and Threats (SWOT) that it faces.

> ***Strategic Priorities*** *describe where you choose to focus your organizational energy; the optimal intersection between your critical issues and your*

- ☐ Using the four principles outlined in the Mandatory Health Programs and Services Guidelines document (*need, impact, appropriateness, capacity*) – see attached (include the pages for this), identify the **rationale** for each strategic priority you have chosen. You may find that you choose more than one principle to help understand and discuss your rationale.

- ☐ For each of the 3 strategic priorities you have selected, identify one to four **desired outcomes** that you would like to see after three to five years – if the Health Unit were to address this area of work as a priority, what tangible changes would you see? Although, we will not be discussing the desired outcomes for each of your specific strategic priorities at the meeting (this step will come later after we have heard from other stakeholders), we encourage you to complete these and submit a copy to Alice Strachan astrachan1@cogeco.ca before or after the focus group so we have your thoughts for future consideration.

> ***Outcomes*** *describe what will be different once the strategic priorities are addressed, creating an image of what success will*

During the Focus Group

- ☐ Be prepared to discuss each of your chosen strategic priorities and the rationale for these priorities.
- ☐ Modify your Question & Answer Sheet, as you wish, based on the discussion of the focus group.
- ☐ Give your completed Question & Answer Sheet to Alice before leaving.

Simcoe-Muskoka District Health Unit – Strategic Planning

Executive Committee Strategic Priorities Question & Answer Sheet

QUESTION:
Part A: *Thinking about the Vision and Mission (see attached) of the Simcoe-Muskoka District Health Unit, what do you think are the three (3) most important strategic priorities for SMDHU over the next three to five years? Using the four key principles (need, impact, appropriateness and capacity), discuss the rationale for selecting each priority.*

Part B: *For each strategic priority, identify up to four (4) outcomes you would like to see after three to five years.*

PRIORITY	RATIONALE	DESIRED OUTCOMES
1	Need	1
	Impact	2
	Appropriateness	3
	Capacity	4
2	Need	1
	Impact	2
	Appropriateness	3
	Capacity	4

PRIORITY	RATIONALE	DESIRED OUTCOMES
3	Need	1
	Impact	2
	Appropriateness	3
	Capacity	4

Additional Comments:

Simcoe-Muskoka District Health Unit – Strategic Planning

Vision

We see the people of Simcoe-Muskoka leading healthy, fulfilling and productive lives. The health of people, communities and the environment in which we live, work and play is a key consideration in community planning and policy making.

The health unit makes a significant contribution to population health and quality of life through its leadership and work with communities, such that:

- people of all ages build on strengths and opportunities to nurture healthy, lifelong growth and development, achieve optimal levels of education, employment, shelter and nutrition, and develop socially supportive networks of relationships;

- people and communities have the information, knowledge and skills required to make choices for health;

- services are designed and implemented in partnership with people to meet their needs, respect diversity, and are accessible, culturally appropriate, and coordinated;

- a healthy environment is sustained through public policy and actions to ensure clean air, land and water;

- threats to people's health are anticipated, prevented or minimized, and communities have the capacity to respond to emerging and emergency issues.

Our Mission

The Simcoe Muskoka District Health Unit is committed to excellence in promoting and protecting health, and preventing disease and injury. Our goal is to work with individuals, families, communities and agencies to achieve optimal health through the delivery of programs and services.

Our Values

We Value:

EXCELLENCE in providing services to our clients and our communities

ACCOUNTABILITY for our individual and collective choices, actions and outcomes; and for the responsible and efficient use of public funds and resources

RESPECT for the rights of all people to be treated fairly and with dignity, and to make choices that reflect individuality and diversity while working toward improved health for all

WORKING TOGETHER and sharing responsibility among health unit staff, and with government, agency and community partners

POSITIVE WORKING ENVIRONMENTS which foster open communication, work-place wellness and work-life balance

ACHIEVEMENT of equal opportunity for health.

Glossary of Terms

Critical public health issues – the handful of significant opportunities and challenges that must be addressed to ensure the on-going success of your organization. They represent the synthesis of the constituent and stakeholder needs, and the external and internal issues that impact your organization.

Strategic priorities – where you choose to focus your organizational energy; the optimal intersection between your critical issues and your resources.

Additional questions to consider when determining your critical issues and strategic priorities

- *What issues could overwhelm our organization if they are not addressed? (challenges)*
- *What are the risks of not addressing these challenges?*
- *What, if any, are the advantages of not addressing these challenges?*
- *What issues could significantly enhance our organization if we were to take advantage of them? (opportunities)*
- *What are the risks of not taking advantage of these opportunities?*
- *What, if any, are the advantages of not pursuing these opportunities?*
- *How can we optimally address our critical issues with our resources? (strategic priorities)*

Goals describe the directions your organization plans to move in to address your critical issues and implement your strategic priorities. Goals provide the basis for developing initiatives or operational improvements.

Outcomes describe what will be different once the goals are met, creating an image of what success will look like. Clear outcomes will help you evaluate which of the possible initiatives and operational improvements to implement.

Questions to consider when developing outcomes

- What will have changed once our goals are met?
- What will these changes look like? feel like?

Mandatory Health Programs and Services Guidelines Principles (1997):

The role of boards of health is to promote and protect the health of the population. To identify minimum standards for public health programs and services, we must have an understanding of health needs, of what interventions can impact positively on these needs, and which roles are most appropriate for and within the achievable capacity of Ontario's boards of health. The proper locus of responsibility and accountability of program delivery should be local, not individual, provincial or federal. These programs are mandatory for all boards of health because they address health needs that exist in all health units across the province. The standards have been developed around four key principles implicit in the mission and goals of boards of health.

1. Need: How big is the problem?
Assessing need requires the identification of opportunities that will improve the health of Ontarians. It also requires establishing the relative importance of these needs to facilitate priority setting. Furthermore, we must understand the context of the needs so that wherever possible, we are addressing the best opportunity to improve health or the root cause of problems.

Knowledge of provincial epidemiology (i.e., the distribution, dimensions and significance of health and disease are important in assessing need). This must include traditional epidemiological markers of disease mortality and morbidity and also include measures of behaviours, health and well-being respecting the context of community values. The ability to measure various attributes of need is a critical consideration in planning and program assessment.

Understanding the determinants of health - social, economic, behavioural, educational, biological, genetic, the physical environment and the workplace - is an important component of assessing need.

2. Impact: How much can we fix?
After identifying a health need, we must determine how we can best address the requirement. There are several key components in assessing impact. We must have reasonable evidence that an intervention can and would work in Ontario as a necessary starting point.

The health impact of an intervention is very important. This impact should be measured at a population level. Interventions with a major population health impact (i.e., impact on population attributable risk) should receive priority, regardless of whether they have a population-wide, high-risk group or individual focus. Interventions should also reflect an understanding of the determinants of health, as described above. Wherever possible, the intervention should address and affect the underlying determinants of a health need as a means of achieving the greatest long term benefits.

3. Appropriateness: Are we the best people to do it?
Even if a health need has been identified and there is an intervention that could have an important positive impact, we must still decide if the delivery of a particular program is appropriate for all boards of health in Ontario.

The program should be compatible with Ontario's health goals. The traditional focus of public health on primary prevention (i.e., eliminating the underlying causes of ill-health), and particularly those interventions directed to the entire population, is a useful guide but does not exclude other strategies.

The program should, in general, be compatible with the established role of public health. This incorporates a broad range of programs and services directed at health promotion and health protection. The existence of a statutory requirement to provide a program is obviously important, as is the presence or absence of legal authority to do the same.

4. Capacity: Are we able to do it?
It should be within the capacity of the local board of health, working with the community, to provide the program (i.e., reasonably compatible with the current or achievable resources and skills of the organization).

The cost of an intervention must be considered. This should include an assessment of the costs and benefits of a program as well as its impact, both positive and negative, on other programs in terms of monetary costs, opportunity costs and other effects.

APPENDIX I
Simcoe Muskoka District Health Unit – Strategic Planning 2007-2009
PRELIMINARY RESULTS

INPUTS

- Environmental Scan
- Community Health Status
- 24 Community Key Informant Interviews
- 3 Internal Consultations
- 160 On-Line Staff Surveys

EMERGING STRATEGIC PRIORITIES

Program Staffing
- Increase front line; reduce management
- Greater focus on direct service
- More staff to get beyond "bare bones" & address growing community
- Recruitment & retention of staff

Organizational Culture
- Staff morale
- Travel
- Address merger issues
- Quality assurance
- Equitable workloads
- Adequate work resources

Staff Supports
- Address morale
- Decentralized service in well-appointed offices, with access to managers
- Continuing education investments
- Enhanced managerial direction
- Streamline decision-making & related communication

Integration
- Enhanced knowledge across programs
- Enhanced coordination across programs

Structure
- Integrated work teams by setting / population
- Determine role of offices outside Barrie

Planning
- Streamline timing
- Base on assessments & evaluation

Programs
- Healthy Communities
- Comprehensive School Health
- Environmental health
- Determinants of Health
- Built environment
- Obesity (especially in children)
- Enhance work towards healthy public policy
- Gap in mental health programs
- Harm reduction strategies

Program Delivery
- Community / client – oriented approach
- Flexible by community
- Workload across programs equitable
- Enhance information management

Public Perspective
- Improve awareness of public health services
- Community development approach
- Enhanced direct service

Partners
- Determine relationship with LHIN, FHT's and primary care
- Ensure pandemic plan & emergency preparedness are in place
- Engage with partners on broad strategic issues (e.g. Determinants)

APPENDIX J

Characteristics of a Learning Organization and Associated Best Practices *

* Adapted from the work of Senge (1990), Argyris and Schon (1996), Argyris (1991), and Schon (1983)

Characteristic	Definition	Associated Best Practices	Positive Byproducts
Self mastery-individual	The ability to honestly and openly see reality as it exists; to clarify one's personal vision	1.Positive reinforcement from role models/managers 2.Sharing experiences 3.More interaction time between supervisory levels 4.Emphasis on feedback 5.Balance work/non-work life	Greater commitment to the organization and to work; less rationalization of negative events; ability to face limitations and areas for improvement; ability to deal with change
Mental models - individual	The ability to compare reality or personal vision with perceptions; reconciling both into a coherent understanding	1.Time for learning 2.Reflective openness 3.Habit of inquiry 4.Forgiveness of oneself 5.Flexibility/adaptability	Less use of defensive routines in work; less reflexivity that leads to dysfunctional patterns of behavior; less avoidance of difficult situations
Shared vision - group	The ability of a group of individuals to hold a shared picture of a mutually desirable future	1.Participative openness 2.Trust 3.Empathy towards others 4.Habit of dissemination 5.Emphasis on cooperation 6.A common language	Commitment over compliance, faster change, greater within group trust; less time spent on aligning interests; more effective communication flows
Team learning - group	The ability of a group of individuals to suspend personal assumptions about each other and engage in "dialogue" rather than "discussion"	1.Participative openness 2.Consensus building 3.Top-down and bottom-up communication flows; 4.Support over blame; 5.Creative thinking	Group self-awareness; heightened collective learning; learning "up and down" the hierarchy; greater cohesiveness; enhanced creativity
Systems thinking - group	The ability to see interrelationships rather than linear cause-effect; the ability to think in context and appreciate the consequences of actions on other parts of the system	1.Practicing self mastery 2.Possessing consistent mental models 3.Possessing a shared vision 4.Emphasis on team learning	Long-term improvement or change; decreased organizational conflict; continuous learning among group members; Revolutionary over evolutionary change