Capacity Review Committee

Phase II Stakeholder Consultations

Human resources Report

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Bridging Boundaries

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Section I — Project Description

In June 2004, the Ontario government launched Operation Health Protection, a three-year plan to rebuild public health. The goal is a stronger revitalized Public Health system able to meet the population's public health needs. A key component of Operation Health Protection was the formation of the Capacity Review Committee (CRC) by the Chief Medical Officer of Health (CMOH). The CRC is responsible for both analyzing the existing *capacity* of the local Public Health Units (PHUs) to meet their local needs as well as *how* they deliver their services in order to come up with system wide, manageable and sustainable solutions and recommendations. The goal is not to review or assess the operations of any individual PHU, but to analyze and gather data from all PHUs to assess how they can work more effectively as part of an integrated public health system.

The committee will provide advice to Ontario's Chief Medical Officer of Health and the Public Health Division as to how to renew public health in relation to rebuilding public health capacity within the province; enhancing public health leadership and accountability; and, improving system collaboration and partnerships. The CRC is to report to the Chief Medical Officer of Health in the winter of 2006.

In relation to public health services, the content of that advice is to be in the following areas:

- Core capacities required at the local level to meet communities' specific needs and to effectively provide public health services
- Issues related to recruitment, retention, education and professional development of public health professionals in key disciplines
- Operational, governance and systemic issues that may impede the delivery of public health programs and services
- Mechanisms to improve systems and programmatic and financial accountability
- Strengthening compliance with the Health Protection and Promotion Act, associated regulations and the Mandatory Health Programs and Services Guidelines
- Organizational models for public health units that optimize alignment with the configuration and functions of the LHINs, primary care reform and municipal funding partners
- Staffing requirements and potential operating and transitional costs

Extensive consultations with the field have been a critical component of the committee's task. As part of this work, it has established key sub-committees that incorporate community expertise:

- Governance & Structure
- Public Health Human Resources
- Public Health Funding
- Knowledge and Research Transfer
- Public Health System Accountabilities

It has also conducted two major surveys with support from the Strategic Planning and Implementation Branch. The surveys have been distributed and completed by all Public Health Units as well as their staff and board members. A capacity mapping initiative has also been completed by the Ontario Public Health Association which includes selected human resource and training issues. It has received submissions and presentations from individuals and groups with important perspectives on public health revitalization.

The Capacity Review Committee produced and published on the internet in early November 2005 its interim report entitled "Revitalizing Ontario's Public Health Capacity: A Discussion of Issues and Options". In that report it presented its conclusions to date and some of the directions being pursued and options being considered by its subcommittees.

Starfield Consulting was engaged by the CRC in mid October to conduct the Phase 2 consultation with the objective of probing on specific issues identified by the CRC subcommittees given the survey results from Phase 1 and their other research activities. The objectives of the second phase included:

- Conducting a series of interviews and focus groups with health unit staff, managers, leaders, board members and local partners; and
- Conducting three round table discussions in the following areas: Accountabilities, Funding, and Academic and Health Human Relations.

The Starfield Consulting tasks have now been completed through site visits and roundtable events.

Section II — Multiple Reports

Because of the amount of information, Starfield Consulting has produced three reports each focused on a different set of subcommittee questions:

(1) Accountabilities, Funding and Governance,

(2) Research and Knowledge Transfer and

(3) Public Health Human Relations.

This report is focused on **Human Resouces.** The kinds of questions posed and the responses received are closely related in these three subcommittees.

The body of this report contains the results of the health unit interviews and focus groups related to those three subcommittees. The results of the round table discussions were submitted in separate reports to each subcommittee, and are now combined in a separate appendix to the three main reports.

Section III — Consultation Design and Methodology Overview

Starfield has conducted a series of interviews and focus groups with health unit staff, managers, MOH, CEO, CAO(where appropriate), Board members and local partners to probe on specific issues identified by its subcommittees. The on site interviews or focus groups were conducted between November 1 and November 30, 2005. All 36 Public Health Units were included in the stakeholder consultations. The initiative began on October 13, initial telephone reports were required on December 5th, a presentation to the CRC occurred on December 15th.

Starfield Consulting put together a team of 9 consultants and a logistics coordinator. Two principal consultants oversaw all components of the project and liaised with the CRC and its representatives. The first and second levels of findings were done by the six field consultants and the final reporting of findings was prepared by the two principal consultants.

The design of the consultations was lead by Starfield's two principle consultants based on the context provided by the MOHLTC Strategic Planning and Implementation Branch leads and staff and the brief interviews with the subcommittee chairs over a two and a half week period. The questions developed were then also reviewed by Dale McMurchy and Dr. George Pasut who made the final decision as to the questions to be asked.

Interview and focus group protocols were developed and approved. Focus groups were designed to maximize participation of management and staff in the short time frame available at each site. A few questions were added or modified to engage the participants and stimulate appreciation for successes and positive accomplishments. A total of 83 questions were included in the whole process. Most questions were targeted and thus only asked of one or some of the groups involved.

There were many open-ended questions leading to a substantial number of responses. Thus, the questions were coded into themes to allow for improved reflection on the data. It was not possible to "prioritize" the data and not appropriate given that we were seeking "top of mind" responses in a variety of ways.

The analysis of the data to support the perception of the findings was based on a maximum of 10 most frequently mentioned themes, if appropriate. Field consultants worked with assigned questions to develop an initial summary of findings. A second level of analysis of findings was a summary focusing more on highlights, emerging issues and polarities when appropriate. The lead consultants reviewed and edited the findings.

Some limitations to our design and methodology

- Protocol questions were developed rapidly and the initial testing done during project implementation. The question development process did not follow

rigorous research standards. It could not in the time frame available and that was not the expectation of the CRC.

- Theming or coding of the data generated by the site visits and interviews was completed quickly with limited quality control. There was, however, a general testing of assumptions and highlighting of patterns around demographic cuts.
- Demographic "cuts" of the data were conducted in the analysis. There were some differences in the demographic data provided by the province and the realities encountered in the field, but not time to change the assumptions in the analysis.
- Given that the data recording and transcription was done by six people and that a tape recorder was not used for interviews, the potential for translating the qualitative data into statistically valid quantitative data was limited.
- Because of the tight time lines, theme selection was done after data collection and transcription was completed in 27 of the 36 health unit's so that data entry could begin. Themes might have varied if we had been able to finalize them at the end of the site visits.

The conditions for a valid test for statistical significance of the data are not present.

A more detailed description of the consultation methodology and design is provided in Appendix A of this document.

Section IV — Consultation Findings

Introduction to Consultation Findings

Each health unit in the province took part in the consultation process. The following respondents or respondent groups were involved in the consultation. For a complete breakdown of the health units and respondents involved in the process see Appendix D and Appendix F.

- An interview was conducted with the MOH. In health units which had a separate CEO or Executive Director role, the CEO or executive director was also interviewed. We were successful in interviewing the MOH and/or CEO from every health unit. The following is a summary of the MOH/CEO interviews conducted.
- Where appropriate the CAO or City Manager of an aligned organization was interviewed. 5 CAO interviews were conducted.
- A group interview was conducted with a cross-section of Board members from each health unit. The health unit and their Boards made the selection of which Board members to include in the interview. A total of 104 Board members were interviewed. Of these Board members, 12 were provincial appointees, 87 were municipal politicians, and 6 were citizen Board members.
- Focus groups were held with both management and staff groups. Health units made the decision as to who was included in each of the meetings. Health units were asked to provide a cross section of participants. They were cautioned to refrain from including managers in staff focus groups in order to protect the confidentiality of these discussions. A total of 585 staff members and 430 managers participated in focus groups. The groups crossed a wide variety of disciplines and represented a wide range of experience. Approximately 30% of the participants had less than five years of service, and just over 25% had over 20 years of service.
- A total of 78 Partner organizations were interviewed. These organizations included 16 school Boards, 15 hospitals, 28 community care or medical companies, 4 charities and 15 other types of organizations.

There were four types of questions asked.

- Most were targeted questions designed to understand participants' views on specific areas of interest for CRC subcommittees. These questions have been synthesized to provide perspectives of the Public Health system as a whole.
- A few questions are focussed on issues experienced by only a handful of health units (e.g. Those who have undergone consolidation). These questions were asked to only the applicable Health Units.
- A few funding questions require detailed information specific to the health unit. This information was collected and submitted separately (a high level summary is included in this report).

- Two questions were included to get an overall sense of the accomplishments of the Public Health system as a whole. A summary of these questions has been included at the beginning of the findings section.

Public Health Accomplishments

Interviews and focus groups generally started with a request for participants to describe what they felt were their top accomplishments over the past year. The following are some of the highlights of these responses.

Most health units were eager to report on 'good news' when asked to cite their recent top accomplishments. Most units mentioned success in meeting the Mandatory Programs and Services Guidelines, (including many unique and innovative approaches to reach, influence and serve their communities), enhancing relationships and community partnerships, meeting local needs, and internal process improvements. Linked to their local successes, many also cited better recognition and profile in their communities.

In addition, those units that experienced physical or organizational restructuring such as amalgamations, internal shifts and/or hiring a new MOH or other senior staff, talked about how they had 'made it through' without major disruptions to the services they provide to the public.

The most frequently cited success was around tobacco policies and programs. A large number of units were proud of their ability to implement 'Smoke Free Ontario', by working with the local municipalities to pass smoke-free by-laws in all public places (and in some units workplaces too). These efforts included long and often painstaking discussion and debate with local municipalities, including many that were, for political or economic reasons, dead set against smoke-free policies. Through their relationships and ability to influence locally, these laws were passed with a minimum of backlash. In addition to the by-laws, many Public Health units were proud of their ability to prevent or reduce tobacco usage by developing and implementing programs in schools, educating and mobilizing parents to influence their children, and by working with corporations to provide access to smoking cessation support and education materials to their employees.

The second most cited success was progress in pandemic planning and emergency preparedness including surge capacity. Clearly this is a response to the recent national and local outbreaks and to the provincial mandate to all communities to work together to develop plans for managing such incidents. The units' partnerships and relationships within their communities were also essential to progress in this arena.

Many were proud of their ability to quickly and appropriately react to local incidents and crises. For example, they cited success with managing illegal meats, the rubella and e-coli outbreaks, arsenic poisoning in a local lake, water contamination incidents, and responding to the cosmetic use of pesticides.

Everyone commented on progress in meeting mandatory programs, including specific examples of increased utilization rates, unique approaches to providing access, enhanced partnerships to influence and reach broader segments of their population, internal programmatic process improvements and evaluation methods and results. Units were proud

of their public awareness campaigns (i.e. Influenza, West Nile Virus) and increased utilization rates (immunization, breastfeeding and Chlamydia clinics, and sexual health services). Many cited either new or ongoing results of programs including: Obesity programs (Healthy Weights and Physical activity programs), Best Start and Healthy Babies (early childhood development), Water monitoring, Eat Smart (including partnerships with farmers on "Field to Table" and "Food Basket") and "Food Check" initiatives (inspections) and "Workplace Wellness".

Public health employees are proud of their positive relationships and recognize the importance of their liaison and connecting role. Numerous Public Health Units mentioned unique and innovative community partnerships to assess and address local issues often 'beyond the mandatory programs'. They are proud of their partnerships with local agencies to help the homeless, train maternity nurses to support and coach new mothers on breastfeeding, reduce violence in schools, prevent teenage pregnancies, help new mothers manage post partum depression, train and support drug addicts in the safe use of needles, assist youth through on-line health information, and plan for urban growth. Their pride is in the impact they are making on their community.

Public health employees interviewed are also pleased with their work on process improvements. Most often cited accomplishments include work on Strategic Planning, followed by achieving accreditation (4 years). Also cited were quality assurance and service improvement plans, operations reviews, more evidence based planning, increased accountability measures and implementing a balanced scorecard approach.

Several units successfully reorganized either through mergers, relocations and/or internal shifts. Two that amalgamated were proud of their ability to do so 'without skipping a beat' and without layoffs. Others that faced such shifts reported on their ability to harmonize wage and union agreements. Also several units were proud of their internal structuring to cross train employees and reflect the social determinants of health model (multidisciplinary teams). They believe the new structure is changing the culture so that 'now people like to come to work'.

Many units reported that, in line with their efforts, they have increased their recognition and profile with the community. They are happy about success in this arena as evidenced by CMOH, positive media attention, recognition through public service and other awards, and, in one case, the public's reaction to their new weekly radio show.

The many examples of successes emphasize the *local* role of Public Health to deal with a *wide range* of issues. Employees are proud of their connections with and their job to serve the community. They feel most successful when they see evidence that what they do does 'promote health' and 'prevent disease' - *in their local community*. This evidence comes in many forms; local population health statistics, local survey results, program usage rates, media coverage and invitations to participate in events, conferences or coalitions addressing local issues. They also noted and appreciated the recognition they receive in praise of their efforts and accomplishments. For the most part, this recognition comes from those they work with and serve.

Section V — Introduction to Human Resources Section

The Pubic Health and Human Resources Sub-committee developed twenty-two questions to reinforce or pursuer further their findings from the Phase 1 information gathering. Questions were asked at all levels including Boards, MOH/CEOs, Management and Staff.

We have divided the question responses into five sections for reporting:

- Being and Feeling Valued: Asked of MOH/CEO Management and Staff
- MOH and Senior Staff Recruitment, Retention and Leadership: Asked in the Board and the MOH/CEO interviews
- Management and Staff Recruitment and Retention: MOH/CEO, Management and Staff

Leadership Strengthening: Differing questions asked of all four respondents

- Professional Development: Asked of MOH/CEO, Management and Staff

Questions & Findings for Human Resources Section

Staff and Management in health units feel valued when they are acknowledged within the context of the work they do for the value they provide to their communities. Respondents indicated that the key reason they are in Public Health is because they believe in the cause, they like being on the "upstream" side of health care and they appreciate when their efforts in this area are acknowledged. While most health units found it easy and energizing to answer this question several had difficulty identifying situations where they felt valued.

Respondents cited the shortage of qualified medical officers of Health in Ontario as one of the key reasons for the MOH vacancies. Lack of profile, the shortage of training positions and the difficulties associated with reentry are all reasons behind this shortage. The difficult work environment and specifically dealing with difficult Boards and the extensive administrative duties were also cited. Finally, the lack of competitive compensation is also seen as a key factor. The solutions to these issues are seen as being addressing the training issues, developing a more effective governance model and helping the health units address the compensation issues.

The shortage of MOHs is one reason that so many Boards have vacancies in this position. Other reasons include that people aren't interested in the job and several Boards feel they don't need a full time MOH.

There is some alignment between the leadership and the management and staff recruitment issues. People work in Public Health because they believe in its mandate. They also love the

diversity, the challenge, the people, the clients and the autonomy they are provided with. They also like the fact that pubic health provides more opportunity for a work/life balance. For some people location and job security are also factors.

There is a need for additional staff in health units, particularly in key areas. The strain caused by these shortages tends to be felt more in northern and small health units.

Some support from the province is seen as being part of the solution to recruitment and retention issues. Leadership is sought in ensuring Public Health remains a priority, in helping to increase the profile of Public Health and in the creation of social marketing tools. Health units could then use this support to augment their already creative local recruitment efforts. Work at a health unit level would centre more on the retention side working to create positive working environments, increasing professional development and giving employees challenging assignments.

In terms of the Phase 1 survey and the discrepancies associated with vacancy data, most respondents named things such as higher vacancy rates in certain professions, positions that were purposely not filled and absences due to things such as maternity leaves and short term disability. Respondents also cite the fact that turnover also played a big role and the fact that staff are already overworked so that any vacancy had a big impact.

In terms of professional development and connecting with peers a variety of professional development opportunities were mentioned as being in place. Most places cited a variety of vehicles for both professional development and networking but the need for more consistency in the ability to attend, the quality of the courses approved and the equity with which the opportunities were distributed was needed. Time and funding to attend were also important themes.

Introduction to Being & Feeling Valued

The Pubic Health and Human Resources Sub-committee identified a key challenge to the quality of

unit working life to be that staff members feel undervalued. A series of questions were taken into the interviews and focus groups to further explore this morale or organizational culture issue.

Questions asked:

- Describe a situation where you have felt most valued as an employee of your health unit.
- What kinds of things would help you to feel more valued?
- What would be the best indicators of positive morale and employee satisfaction in a health unit for the both the unit and the province?
- What approaches have you found most successful in maintaining or improving morale?

Questions & Findings for Being & Feeling Valued

Starfield began with a question as to when did Staff or Management feel most valued. This was not included in the data analysis. There are some examples when both felt valued. There are also some clear examples where management and occasionally staff could not remember a time when they felt valued in their organizations.

64 QUESTION: ***Describe a situation where you have felt most valued as an employee of your health unit.***

QUESTION CATEGORY	Being and Feeling Valued	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO × No Board × No Management √ Yes Staff √ Yes

Question Findings

This question generally created significant energy in the discussion although several health units had difficulty identifying areas or situations where they felt valued. Within the context of the work they do and for the value they are providing to the community.

They like being given credit for a job well done especially when extra effort or personal sacrifices are required. The 'pat on the back' and specific feedback means the most. Many staff cited situations during times of crises when they were given a significant responsibility and were trusted to 'do the job'. Staff appreciates support and recognition from their management, especially when pushed to do something beyond their comfort zone.

Employees are motivated when others ask for and value their opinions. Most often listed is managers seeking input or feedback on programs, restructuring or planning, however, sharing with other staff through debriefing meetings, reflective practices and team building activities is also important. In addition, many felt valued by being invited to present at Board meetings, conferences or other events. They also appreciate it when managers understand and help out - during peak workload periods or times of personal or family difficulty.

They appreciate thank yous' from management, the Board, community partners, and peers. Above all are personal compliments and responses from clients, in the form of letters, phones calls to management and comments from clients in the media, as these demonstrate the direct impact of employees' efforts. Public health employees appreciate being recognized for their accomplishments and their expertise by their colleagues, clients and communities.

Staff feel valued when given opportunities for professional development and advancement. This theme includes opportunities to improve their skills and abilities through courses, workshops and conferences and through cross-disciplinary work assignments or other 'stretch assignments'. They want interesting work duties and challenging assignments.

Also on their list is a positive culture. This category includes many 'little things' such as respectful, considerate and open communication with managers ('open door policy'), sharing food, a pleasant working environment, teambuilding activities, retreat days, the MOH knowing everyone by name and stopping by, a staff recognition lunch, and

celebrations including cards/flowers to mark significant events (birthdays, retirements, new baby, etc.).

62 QUESTION: ***What kinds of things would help you to feel more valued?***

QUESTION CATEGORY	Being and Feeling Valued	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
	RESPONDENTS	'MOH/CEO	× No
		Board	× No
		Management	√ Yes
		Staff	√ Yes

Question Findings

This question produced a substantial list of kinds of responses from both the staff and management focus groups. We have listed the top ten responses here.

Most of the themes that made it into the top ten, with the exception of monetary benefits, were about the aspects of the ongoing operation that help respondents feel valued. Themes like union/management issues and sponsored events or awards were also listed, but at a much lower number of respondents. Most want to feel more valued in the course of their everyday work life.

Monetary rewards, benefits compensation and perks were the most mentioned theme by both staff and management. These comments focused on both the competitiveness of salaries and the desire of paying for performance. Improving benefits in a variety of ways was also important.

Personal acknowledgement and simple "thank you's" also increased the sense of being valued by both management and staff. Some also mentioned acknowledgement of professional expertise, beyond the personal, as being very important. One way this could be done for some was the development of better performance management approaches, including regular performance appraisals that can lead to further career development.

Real leadership and support from managers, at all levels of the organization, added a sense of value to both staff and management. Less bureaucracy and more transparency along with leadership that can see the larger picture at all levels were seen to be helpful changes. This is also reflected in the last of the 10 themes discussed here, which calls for less micro-management and clearer roles.

Improvements to the working environment, professional development policies and practices, internal communication and team work were also identified. Both management and staff would also feel more valued if their workloads were reduced. Their current workload "suppresses creativity, leads to less face time in supervision and creates a vicious cycle." Certainly these respondents would feel more valued if they felt less overloaded.

Description of Themes

Theme: Monetary/ Benefits compensation/ Perks

Both staff and management respondents to this theme would feel more valued if there were pay equity with professional colleagues across the province or with others in their communities with similar jobs. Some stated that they knew their salaries were not competitive with other health units. Reducing the salary differential between the various levels in a unit would make one manager feel more valued. A number of staff and management responders also stated that "pay for performance" or providing rewards for high performance would also help them to feel more valued. Financial compensation for living in the North was proposed by one respondent. Another suggested more equity in benefits for full and part time staff would help him or her feel more valued. Others mentioned "a la carte" benefits programs as helping employees feel more valued by choosing those the fit at their stage in life. Others saw the value in wellness programs for management and staff, better mileage rates, and overtime equity.

Theme: Personal Acknowledgement/ Thank you

To help either management or staff feel more valued, clear personal recognition for a job well done is seen to be required. For most this is best when it is spontaneous and genuine feedback from peers or management. In the discussions there was a strong emphasis on the type of recognition that happens during the work process, and not primarily as a special occurrence. It can be personal or departmental. For managers this is often about celebrating successes in the system. Simple acknowledgement that is timely and then passing it one to colleagues and staff helps to demonstrate that all are important to the organization.

Theme: Acknowledgement of professional expertise/ being treated as a professional/ accountability in role

Staff and management both commented in the focus groups that they wanted their expertise recognized and to have their opinions taken seriously and used, although staff more than management responded in this area. Both feel more valued when they are asked to use their skills to the best of their abilities and when they are included in decision making. They are also valued when they are asked to sit on committees, and become involved at the regional, provincial or national levels.

Management also mentioned feeling valued when their managers delegate tasks that acknowledge their professional expertise. Being published and being able to make important presentations at all levels increased the sense of value.

Theme: Performance Management/ Career Development

Many management and staff would feel more valued if there were clear performance management process in their unit. This would include regular performance appraisals consistently done, the addressing of performance issues individually and taking action when employees do not perform. Also for both management and staff it includes more focus on

the positive in the feedback, including ways to recognize outstanding or excellent performance, as well as focusing on what needs to be improved.

For some of both management and staff, such reviews need to lead to opportunities for education, advancement or promotion or new opportunities for leadership in the organization.

For others this is combined with the development of consistent standards for hiring and clear succession planning. For another it includes being able to transfer seniority and benefits across health units in Ontario.

Theme: Management leadership or supports

A larger number of staff than management responded by calling or better management practices to help them feel more valued. Some of both groups, however, saw the need. Some staff members were clear that less bureaucracy and less top down management would help them feel more valued. Yet some also look for consistent and clear direction from managers when it is given. Some would feel valued if managers were more transparent in communicating change and more aware of the influence they have over staff morale. Some would feel more valued if their managers were more aware of the "larger picture" and others want managers to have enough Public Health background to see the larger picture. Others stated that their managers needed to be more aware of cultural diversity for them to feel more valued.

Management respondents would also be more valued with better leadership from those who manage them. Some want proactive rather than crisis driven leadership that is also responsive to issues as they emerge. Managers dealing with internal barriers to success would increase their sense of being valued. They would feel more valued if their managers were better at dealing with conflict. They would be more valued in an environment that includes ongoing feedback from all that is constructive.

Theme: Working Environment (physical/ cultural)

Both staff members and management respondents named changes in the culture and physical environment of the work place that would enable them to feel more valued. Both mentioned office space, desks, and support technology enhancements as resources that would help them do what is expected of them. Management and staff respondents indicated that more flexible work schedules, work sharing and the ability to balance work and family were important them. Staff mentioned more often the need for a culture of respect and trust and the promotion of workplace wellness would help them feel more valued and the health units to "practice what we preach".

Theme: Professional Development

Mentioned somewhat more often by staff respondents, both would be more valued with more investment in learning opportunities and more time for education or research initiatives. Both also mentioned more equal access or opportunity to learning events, be they

conference or corporate training. "Lunch and Learn" or staff guided retreat days were seen as other opportunities for development.

Theme: Communication/ Participation

Staff respondents were the largest group to state that improved communication and participation would help them feel more valued. Truthful, respectful, consistent and timely communication by the unit would help them feel more valued. One would feel more valued if they were called by their real name. Some feel isolated in their branch offices and others want to see increased communication between divisions. All staff meetings help some feel more valued. For others being able to discuss opposing views openly and make team decisions by consensus is also important.

Theme: Workload Management, staffing levels

Both staff members and management focus group participants commented almost equally on the issue of workload management and that they would feel more valued if they were less overloaded. Some experience that their current workload "suppresses creativity, leads to less face time in supervision and creates a vicious cycle." Some managers are so pressed for time that they cannot give the feedback that staff desire. Both staff and management respondents believe that more adequate staffing levels would help them feel more valued and to be able to "attend more fully to fewer tasks".

Theme: Role Clarity

Twice and many staff respondents as management respondents identified that they would be more valued if the roles were clearer in their organizations and if there was less micro-management. Some managers also identified the desire to be less micro-managed and empowered to run their own programs. One also recognized that they need more responsibility to go along with their accountability if they are to feel more valued.

For some this also required more clarity about the scope of their jobs and when to supervise. For others developing more role clarity in teams, particularly multi-disciplinary teams would help them feel more valued.

65 QUESTION: ***What would be the best indicators of positive morale and employee satisfaction in a health unit for the both the unit and the province?***

QUESTION CATEGORY	Being and Feeling Valued	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO × No Board × No Management × No Staff √ Yes

Question Findings

The best indicators identified by staff in their focus groups are recruitment and retention, decrease in absenteeism, union grievances, positive survey results and the quality and quantity of work. Staff surveys could be developed to measure a number of indicators of morale. If surveys are used, some stated that all should be given the opportunity to participate and that the data collected be analyzed by a third party. Some had had negative experiences with other approaches.

Some of the indicators suggested conditions or behaviours that might be more difficult to measure, such as increased support and recognition and the culture of the work environment and how friendly, respectful and equitable that environment is.

Description of Themes

Theme: Recruitment and Retention

Staff focus groups from 33 units, consistent across regions and aligned and autonomous units, responded that an important indicator of positive morale and employee satisfaction would be lower turnover rates for current staff, their long term employment, as well as the return of previous employees or the recruitment of highly qualified recruits. The latter is a barometer of staff morale, because, as one staff put it "they hear about what a great place it is to work"

Another indicator would be that second generations of current employees choose to pursue employment in the Public Health.

Theme: Motivated Staff: Decreased Absenteeism and Grievances

Others responded that "motivated staff" indicating positive morale. "People would be happier coming to work". This could be measured in a variety of ways including a decrease in the number of sick days taken, fewer employees taking stress leave, and a drop in the use of benefits and EAP. Motivated staff would also be encouraged them take on leadership roles and a greater willingness to participate in leadership opportunities thus making it easier

to find volunteers for crisis situations (i.e.: SARS). Another measurement tool would be more "collective agreements and fewer grievances".

Theme: Increased Productivity

Again, while staff listed ways they felt productivity would be improved with an increase in morale, (i.e.: better communication, better integration, more open communication with Board of Health and other health units).

Theme: Better Work Environment

While staff felt that an increase in morale would be reflected in the workplace in numerous ways (i.e.: improved manners and etiquette, the freedom to agree to disagree, opportunities for all staff to participate in professional development, work hour flexibility) the only real key indicator noted was "fewer union grievances".

Theme: Increased Support/Recognition

This theme centered on the premise that an increase in morale would be related to an increase in support and recognition. Staff felt that if they received more support from the ministry, their Board; the public and their Health unit, their morale would increase.

Theme: Positive Survey Results

An obvious yardstick to measure morale would be the completion and publication of positive survey results. It was suggested by several HU staff interviewed that a confidential survey should be completed province wide with results collected and interpreted by an outside, non-governmental agency.

Theme: Quality and Quantity of work

Again, a fairly obvious barometer of increased morale would be in increase in the quality and quantity of work produced in the units. Some comments received include: "achieving outcomes that meet provincial standards" "role expansion and "higher compliance with mandatory health services and programs".

Theme: Consistent application of HR policies at all levels

Another indicator of positive morale, and certainly a contributor to it, would be the consistent application of Human Resources Policies at all levels of the unit. Pay equity and exit interviews as a matter policy are part of local consistency. The application of provincial indicators to all units would reinforce local consistency of policies

17 QUESTION: ***What approaches have you found most successful in maintaining or improving morale?***

QUESTION CATEGORY	Being and Feeling Valued	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO √ Yes Board × No Management × No Staff × No

Question Findings

MOH/CEO's almost all seem to agree that the most efficient way to increase and maintain staff morale is to create an atmosphere where employees feel valued and appreciated and are involved in the decisions that most affect their work. This requires good communications, good development and education programs and challenging and involving work opportunities.

Description of Themes

Theme: Caring organization/recognition

Creating a healthy working environment and by ensuring that employees felt their work was recognized was the number one way that MOH's and/or CEO's worked to improve or maintain morale among their staff.

Several different initiatives have proved to be successful including offering professional development days, offering flex time, social activities and creating a health working environment. Several health units have found that establishing a "workplace wellness committee" or a "life committee" that organizes social activities and special event days, has increased staff morale. .

Other comments received include: " [offering a] Respectful work environment - intervening when there are problems so that people feel safe" and "Continually working to get rid of the dead wood – they rot the system"

Theme: Involve staff

Many of the MOH/CEO's interviewed felt that involving staff in decision making helped to increase the overall morale of the unit. One health unit encourages their management "to involve their staff in team meetings and information sharing" other units noted that "we involve everyone" and that "celebrating successes has helped to make staff feel part of a team".

A key component of involving staff is to enhance communication – some units tried to achieve this by "staff meetings to clarify responsibilities and teams and have fun."

One MOH addressed the issues facing his unit by saying "Public health has gone through so much change, we change a lot of management. The front-line staff are so far behind of where we are. By communicating with them you give them control. … It's all walk the talk and keeping the channels open and having integrity. If you don't role model they know you're bullshitting.

Another MOH had this to say "The capacity review is causing anxiety; we try to present it as a golden opportunity. We have low grievances, we have low sick rates, and staff are very open and come to the manager door, we have committees. They have a lot of input."

Theme: Development and educational programs

Health unit's found that offering both management and staff opportunities for professional development helped to increase morale in the unit.

Theme: Challenging and innovative work opportunities

This theme acknowledged that providing staff with stimulating work opportunities resulted in an increase in morale. Comments received included: "Flat lined organization gives everyone an opportunity to 'be a leader'" and performance management system, provide clear expectations and give bonuses if you exceed them"

Theme: Visible MOH

Several health units felt that a MOH who was visible created a positive feeling among staff. One Unit noted that "Poor morale was related to the fact that there was not a MOH for a whole year".

Theme: Challenging and innovative work opportunities

This theme showed the MOH's feeling that providing staff with stimulating work opportunities would result in an increase in morale. Comments received included: "Flat lined organization gives everyone an opportunity to 'be a leader'" and "Performance management system, provide clear expectations and give bonuses if you exceed them.

Questions & Finding for Human Resources

Introduction to Medical Officer of Health and Senior Staff Recruitment, Retention and Leadership

There are two sections of Health Human Resources questions with regard to recruitment. This section focused on the MOH and senior staff recruitment and retention. The questions were asked of the Board, the MOH/CEO and some were also asked to the CAO's. A future section will focus on broader management and staff recruitment and retention issues.

In this section we focus on the following questions asked on behalf of the HHR Sub-committee:

- What is behind the MOH vacancies across the province?
- What are possible solutions for filling these?
- What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?
- What support could the province provide with regard to recruitment and retention of senior staff?
- What are the strongest leadership qualities of your health unit's senior? MOH?, CEO?
- What leadership qualities or skills would you like to see strengthened in your senior?
- What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?
- What has your unit done to successfully attract the best and brightest human resources?
- What role does your Board play in MOH or Senior Staff selection?

The difficulty in recruiting and retaining medical officers of health is multi-faceted. There is an overall shortage of skilled professionals qualified for an MOH position. This is partly due to the limited number of training schools and positions and the lack of profile given to community medicine in those courses. From a recruiting perspective, there is considerable personal sacrifice required to take the time off for retraining. This is exacerbated by the lack of distance learning options. Difficulties in the work environment were also cited, with particular mention given to both the administrative aspects of the job and the difficulty in dealing with unsupportive Boards. Lack of competitive salaries was another key issue

mentioned, particularly in comparison to other medical positions or other positions in the public sector. The solutions cited were completely analogous with the issues mentioned.

There are a variety of reasons that Board members cited for having acting MOHs. Some have tried and found there are not enough qualified candidates. Others believe that those qualified aren't interested in the MOH job. Some respondents don't feel they need a full time MOH as they have separated the administrative aspects of the job and some were in transition.

Boards would appreciate support in recruiting and retaining senior staff by having the province provide more funding for wages, by having it improve the recruitment and Public Health process, by providing scholarships and bursaries and by providing more openings in medical schools. One CAO noted that "the other thing we face are trade-offs between allocations. There will be a competition for the resources.

Boards appreciate their MOH and CEO's ability to articulate a clear vision and motivate staff to fulfill that vision. They also believe it is important to be able to deal effectively with those surrounding their organization.

11 QUESTION: ***What is behind the MOH vacancies across the province?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	×	No
			Staff	×	No

Introduction

This question was asked only of the MOH or of the CEO or equivalent. There is little difference in the number responses to the top four themes to this question. All were seen to be a priority.

Question Findings Summary

Respondents believe that becoming a Medical Officer of Health is a specialized career choice which carries several unique risks. Thus there is a shortage of skilled professionals who want the job. This is seen to be partly due to the limited number of training schools and positions. At the entry level, there is a lack of profile for community medicine. Entry level physicians do not want to immediately enter a role that carries a high administrative and political component. Yet for practicing physicians who want to re-qualify in Public Health, there is perceived to be limited support and several inherent challenges. Considerable personal sacrifice is required to re-train in mid-career and one must forego clinical work. The lack of distance learning options adds to the difficulty in accessing training. There are differences in the field as to the value and role of the MOH.

The difficulties in the work environment are also of top importance to those who responded. It is seen by some to be a difficult and under-rated job in an often contentious work environment. A significant aspect of the MOH/CEO role is political or involves the "selling of Public Health". The extent of this aspect may be under estimated or not valued by many potential incumbents. In addition, a significant component of the role can be organizational management or leadership. For some, this is the least desirable or most onerous aspect of the job. Anecdotally, some others do like the combined roles.

The difficulties of the job were also identified by respondents who experienced unsupportive Boards or councils. Most aligned and slightly less than half of the autonomous Boards are seen to be, at times, unsupportive of Public Health priorities. Some experienced "being pummeled" and other believed they were undercut behind their back. Some Boards are perceived as trying to undermine the traditional MOH role through low or part-time salaries believing that doctors were "too full of themselves".

The MOH role is also perceived as one that does not pay well, relative to other medical positions and often compared to those in comparable roles in the public sector. This lack of compensation for a role that is perceived as being difficult was seen to be a key factor in the shortage of MOHs.

Description of Themes

Theme: Shortage of skilled professionals

There is a shortage of doctors across Canada and certainly of qualified Medical Officers of Health. The MOHs who gave responses that fit in this theme were clear that both career path issues and training issues were critically important. Some entry level physicians are primarily interested in health issues and are not interested in organizational management or in politics. All of those skill sets are required to be a competent MOH/CEO. Mid-career doctors who bring a clinical background must be willing to forego their "hands on" clinical work to undergo the necessary Public Health training.

Current medical training practice does not support the development of MOHs. There are few locations and only a few positions at those locations to get the necessary community medicine education in Canada. People coming through medical training often are not aware of the community medicine possibility.

It is difficult for doctors to transition to Public Health in career mid stream. There is limited support from the ministry and a lack of distance learning options which accentuates the difficulty.

Several MOHs suggested that the COMOH submission well states the issues in this area. Another respondent said that the COMOH was in fact driving this perception of a lack of skilled professionals by over promoting the need for MOH's.

Theme: Difficult Work Environment

Most MOH/CEOs see the difficulties in the work environment as almost equally important to the shortage of skilled professionals. Whether in an autonomous or an aligned unit, the political nature of the role is seen by many respondents as a reason why there are so many vacancies. This not only relates to media visibility but also to engaging in local political environments with their competing priorities and with some dilution of the MOH's authority so that 'municipalities can interfere'. The political or 'sales' ("my job is to sell Public Health") may not be acknowledged or valued by many.

Some respondents also pointed to the administrative component of their role as onerous, and for some the least desirable or 'most draining' aspect of the job. Some do not want to be CEOs (and some aren't.) Overseeing a large department is not their desire.

The lack of perceived support in the job was also seen by some as contributing to its difficulty. One mentioned that their peers don't value the job and another identified a lack of collegial contact or mentoring support from other MOH's. Others also cited the

rudimentary state of Public Health research and the rudimentary support for research adding to the difficulty of the role.

Theme: Non-competitive compensation

A substantial number of MOH's say that their compensation is not competitive. Some say they are earning significantly less than other doctors or "less than half" of what they could earn in private practice. Some report earning less than comparable roles in the public sector, e.g. Director of the School Board. One mentioned that the perception of lower compensation as well as the fact in many cases needs to be addressed if vacancies are to be reduced.

Theme: Unsupportive Boards/ Councils

These responses are similar to but more specific than those related to the difficult work environment. A larger percentage of MOH/CEOs from aligned organizations responded in this category, but a number of MOH/CEO's from autonomous organizations did as well. Some see a lack of commitment to Public Health on the part of some Boards and councils. They experience this by "being pummeled" on budgets or dealing with political interference in budgeting. At least one works for a CAO and does not "get in front of the Board".

Some Boards are perceived as not wanting to pay the full salary for a full time MOH and in fact are seen to be trying to undermine the position of the MOH. Another commented that some Boards "think doctors are too full of themselves and make too much money". Because of this, one MOH/CEO stated that it was a "lousy job and too political".

Theme: Location

A small number of respondents indicated that the location of the unit played a role in MOH/CEO vacancies. One person stated their opinion that "small health units can be horrible places to work" which certainly indicates their location preference.

Theme: Refer to OMA document

A few individuals felt that the OMA document answered this question well.

Theme: Public Health and Social Conscience

A small number see vacancy rates increasing because the job requires a social commitment and conscience. One believes that may be weakening as medical school becomes more expensive or available only to the wealthy.

Theme: MOH's taking other work

There was limited citation that some MOH's will take other positions such as working for the province or family practice, increasing the vacancy rate.

12 QUESTION: ***What are possible solutions for filling these vacancies?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	×	No
			Staff	×	No

Question Findings

The solutions seen by respondents for addressing MOH vacancy rates strongly align with the perceived underlying issues. The profile of Public Health in medical school should be enhanced to encourage more students to make this career choice. The training system could also be enhanced by increasing the number of training and residency positions, widening the qualifications for reentry, better supporting the re-entry by practicing physicians, and making training more accessible by offering part time or distance learning options.

Competitive remuneration is a key issue for some. There is a strong endorsement that "if you want strong leadership then you must invest in it". Changes in governance and roles were both proposed as solutions. A number of MOH/CEOs, from both aligned and autonomous Boards and from all sizes of units believe that a change in the governance model will be a partial solution to MOH vacancies. *As one MOH put it "Public Health deserves good governance*. Others believe that finding ways to address the combined MOH-CEO role's heavy administrative load by adding AMOH's or by splitting the role more often will attract more candidates to the MOH role.

Description of Themes

Theme: Need a better system for training

Most respondents suggested numerous and varied improvements to the current training and certification processes, these included:

- Changing the certification parameters so that those with appropriate experience and background, but not the necessary credentials could apply.
- Creating more training positions or residency programs
- Making training more accessible through on-line learning or part time options

Changing the current streaming practice("now have to decide in 3rd year and Public Health not seen to be sexy")

- Supporting re-entry from clinical practice or equivalency certification with appropriate experience.

Theme: Remuneration increase

There is a strong endorsement that "if you want strong leadership then you must invest in it". Recent medical school graduates often carry heavy debt loads and can't afford to enter Public Health. Practicing physicians may feel "there are more gainful ways to earn a living". There were some suggestions that the province could provide supports by funding the MOH role 100% or by providing a specified pay grid.

Theme: Increased public profile of Public Health

Some MOH/CEOs believe there needs to be a stronger understanding of and profile for Public Health in medical school before students choose their specialist stream. "Somehow we have to make prevention sexier."

Theme: Revise governance

For a number of the MOH/CEO respondents, from both aligned and autonomous Boards and all population groups, a change in the governance model will be a partial solution to MOH vacancies. "Removing the terrible working conditions" in some aligned organizations was seen as a solution by some.

Theme: Respect MOH and role

Some believe the MOH should have a strong oversight role. A CAO overseeing a MOH is perceived to diminish both the MOH's status and authority. Respondents suggested there was also a need to strengthen the MOH independence of the Boards. The need to be on call 24/7 was also mentioned as a difficult part of the role..

Theme: AMOH position

A few have found that creating a AMOH role is a way to diminish the 24/7 on call aspect of the job as well as attracting candidates who do not want the administrative aspect of the role.

Theme: Create bigger pool

The concern of these respondents was to increase the number of young enthusiastic people coming through the education system.

Theme: Separate MOH from CEO role

A few, from smaller units that were both aligned and autonomous, felt that the MOH and CEO role should be separated.

52 QUESTION: ***What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	×	No
			Board	√	Yes
			Management	×	No
			Staff	×	No

Introduction

Of the 36 health units, 10 Boards had acting MOH's. Of these 10, 7 units were in regions with a population of less than 135,000, 1 was in a region with a population base of between 135,000 and 299,000 and two were in regions with a population of over 600,000.

Question Findings

Boards have chosen acting MOHs for a variety of reasons. Some say they have tried to find full time and there just aren't enough candidates being produced to service their communities as well as others in Ontario. Some believe that potentially qualified professionals are less interested in doing the MOH job -- they are not attracted to it. Some Boards believe they do not need a full time MOH. They have developed positions such as EDs, CEOs, Directors or COO's to attend to the operation of the Public Health organization and allow the MOH to focus on the medical aspects of the job. For some, this has helped them avoid the cost of a full time MOH.

Four Boards stated that they had acting MOHs because they were in transition because of recent vacancies or retirement. One Board stated they believed they were blocked from enabling their acting MOH to upgrade to full MOH certification.

Description of Themes

Theme: Not enough to go around

Boards responding to this theme believe, from their experience, that there are not enough MOHs for all units, especially those serving populations under 135,000 people. They reported that they advertised and some were willing to take anyone who was qualified. They chose the best from among those willing to come to their unit. They believe that the system isn't producing enough MOHs. One stated that 'community medicine has only graduated 2-5 people for the last 3 decades!'

Theme: Not enough interested in doing the job

Board responders believe that there is not enough interest in their MOH positions for a variety of reasons. In some parts of Ontario, family doctors are leaving and the ones who are left are not interested in Public Health. The current culture of medicine is leading to fewer graduates with higher expectations and thus local attraction of those with leadership abilities is very difficult.

Theme: Don't need a full-time MOH

Some Boards of Health believe that they the do not need a full time MOH. One has hired an operations lead to relieve the MOH of the management and administrative roles. They believe it has worked well for them. Another has gotten stuck in trying to understand the provincial guidelines for a large area. Another stated that they were not clear why they needed an MOH full time. Another said the costs were prohibitive.

Theme: Training and Transition Issues

Four of the Boards had acting MOHs because they were either in transition to full time or had been blocked from enabling their acting MOH to get a qualified MOH status. Some recently had their MOH resign or move to another position.

53 QUESTION: ***What support could the province provide with regard to recruitment and retention of senior staff?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources

RESPONDENTS	MOH/CEO	×	No
	Board	√	Yes
	Management	×	No
	Staff	×	No

Question Findings

Board respondents to this question believe the province can provide more support to their recruitment and retention efforts for senior staff in a variety of ways. More and stable funding for units so that wages, recruitment and public education process could be improved was the response of some. Provincial support for local staff scholarships and bursaries was another set of responses. Opening the doors of medical schools for more candidates was seen as another way to support recruitment and retention.

Increasing the profile of Public Health, addressing the supply of specific professional groups (mentioned in two themes), and providing subsidies for the North were also noted by respondents.

Description of Themes

Theme: Monetary Support

The largest numbers of Board responders to this question believe that the primary support the province could provide to recruitment and retention of senior staff would be financial support to some key areas. Increasing the stability of health unit funding would increase the ability to recruit and retain staff. Others believe that Public Health is seen as a "soft service" and therefore not seen as deserving of the level of funding of other health services. Additional support for internal recruitment and retention would include more for wages, for recruitment, for community public relations and promotion and for educational bursaries and scholarships. Some Board members also believe that the province could put more funds into medical schools, to "open the door to medical school".

Theme: Promote advantages

The profile of Public health career options needs to be improved according to some Board members. For some, there is still a stigma attached to working for the government. The government needs to promote Public Health in schools and promote the advantages of Public Health careers (i.e. quality of work-life factors).

Theme: Address Supply issues

The province needs to increase the supply of Public Health professionals. Key ideas noted include; increasing the number of slots in specific professions, making Public Health careers more attractive, get endorsements from the college of physicians, and promote the great things in the field.

Theme: Fair Remuneration Standards (based on population)

With some overlap from theme 1, respondents highlighted the idea of providing subsidies for Public Health professions in hard to recruit areas (i.e. isolated, the North).

Theme: Help with the recruitment of specialized senior positions

Responses in this theme suggest that the province help by providing a pool of eligible candidates in hard to recruit professions such as epidemiologist and toxicologists. The province was seen to control the education system by some and therefore it should increase the number of slots for specialized professionals so that more would be available. Some do not see the medical establishment as providing support in this regard. Getting specialists to go North is seen as a provincial issue by some.

82 QUESTION: ***What are the strongest leadership qualities of your health unit's senior staff? MOH? CEO?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources

RESPONDENTS	MOH/CEO	×	No
	Board	√	Yes
	Management	×	No
	Staff	×	No

Question Findings

Responses for this question give a sense of what Board value as competencies in the health units MOH and CEO. Good management skills which both being able to motivate staff and the ability to develop and clearly articulate their vision was identified as important. The ability to maintain a good working relationship with the Board was also identified and articulated very clearly by the statement not "MOH as GOD."

Communication skills and good experience and knowledge base were the next two most cited competencies. Examples within communication skills cited qualities such as being able to speak on a level that lay people understand and the ability to communicate with all stakeholders (staff, council, public, province and partners) and through different channels (TV, radio, newspaper, public forums). Good experience and knowledge base combined the need for solid medical and solid administrative skills.

The next most valued competency was Visibility and Reputation in Community which was described as having strong ties to the area; having confidence and not being intimidated by "stuff" that comes up.

Description of Themes

Theme: Good management skills

One aspect of this theme is the ability of the MOH/CEO to effectively lead their staff. Examples given by the Board include people who lead by example, are good delegators, can work in partnership with senior staff and other departments, who meet on a regular basis with managers, are approachable ,can put together a good team and have the ability to "bring the whole unit together."

The other aspect of this theme is leaders who can relate outside their sphere of operation. They are sensitive to individual and community needs, they think outside the box, they are visionaries who can explain new models or paradigms to the Board and do not act as "MOH as GOD."

Theme: Communication Skills

Aspects included in this theme were leaders who were approachable, open and honest. They need to be good at communicating ideas including providing timely and consistent messages and be able to speak a level that lay people understand. They need to be able to communicate with all stakeholders (staff, council, public, province and partners) through different channels (TV, radio, newspaper, public forums). They also need to have a good reputation in the community.

Theme: Good experience and knowledge base

Ideas included in this theme emphasize the need for a combination of strong administration and medical skills. The importance of paying attention to the need to stay on top of the Public Health field and the associated issues was also specifically mentioned.

Theme: Visibility and Reputation in Community

The focus here is on having strong community ties, being able to take a stand on Public Health and not being intimidated by the issues that must be addressed.

Theme: Good Administrator

This was mostly about having strong financial skills and fiscal responsibility including the ability to plan for the future.

Theme: Include staff ideas

Included here were the ability to integrate ideas and concepts from the staff.

83 QUESTION: ***What leadership qualities or skills would you like to see strengthened in your senior staff?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO × No Board √ Yes Management × No Staff × No

Introduction

This question was asked to Board members and produced very few responses. Many Board members either indicated that there was nothing to improve or minimal improvements necessary, the other types of responses indicated that themes similar to those of the previous questions regarding the existing strengths in their leadership team.

Question Findings

Both Public Health training and administrative skills were mentioned most often with many of the comments being related to improvements on the administrative side. From the administrative perspective, two aspects were mentioned, the ability to work effectively with their organization, and the ability to deal with the bureaucracy surrounding the organization. Related to this theme are two other themes, the ability to communicate internally and externally and the ability to work effectively with staff.

Of interest is that the second highest response rate was from Board members who did not see a need to strengthen leadership skills within their unit

Description of Themes

Theme: Public Health and administrative skills

This theme included the skills needed to enable a focus on health promotion and prevention, as well as the business management skills needed to run the organization. Two aspects of the business management skills were emphasized. The first had to do with the ability to create buy-in and implement change. The second had to do the relationship-building and advocacy skills to come through the bureaucracy.

Theme: Nothing or minimal improvement needed.

A number of Board members indicated that nothing needed to be addressed. Board members made statements such as "we aren't getting any calls so everything must be fine" and "tune up what is already there."

Theme: Internal and External Communications skills

This theme describes the ability to be open and receptive and communicate well with staff as well as the ability to be outgoing and visible, making the community aware of the health unit and what it does.

Theme: Work effectively with staff

This has to do with the ability to effectively engage staff, to work with them effectively and create an atmosphere of tolerance and understanding of employees.

56 QUESTION: ***What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources

RESPONDENTS	MOH/CEO	×	No
	Board	√	Yes
	Management	×	No
	Staff	×	No

Introduction

This questions had very few responses and the responses that it did have were similar to question 55.

Question Findings

Almost two thirds of the comments made with regard to this question indicated either that their leadership had no weaknesses or that additional staff was the solution to any weaknesses that did exist. Respondents indicated that they needed to "hire a business person, augment overworked managers, find a medical officer of health or focus on succession planning.

Other comments included the need to increase the level of professional development and to improve communication with the general public, with municipalities and with regard to the reporting to the Board of Health.

80 QUESTION: ***What have you done to successfully attract the "best and brightest senior staff? MOH?CEO?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO × No Board √ Yes Management × No Staff × No

Introduction

The Board responses to this were somewhat limited. Many had not spent much time considering this questions in the past.

Question Findings

Board members identified both competitive salaries and creating an attractive place to work as important to attracting the best and the brightest. For MOH/CEOs this can mean funding AMOH's to support them in their role or trying to reduce the politics of that role. Board members also identified good recruitment strategies that include the use of professionals, and links to universities and training institutions as helping to attract the best.

Board Question Responses

Theme: Pay Well

For some, attracting the best and brightest is about having competitive salaries for the MOH and other senior staff and specialized professionals.

Theme: Create an attractive place to work

From some Board members perspective, a key way to attract the best and the brightest is develop and maintain an environment where MOHs and Senior Staff feel valued. For the MOH it can mean supporting AMOH funding or reducing the politics in the role. For all staff it includes support for professional development, training, proper insurance, and recognition of service, sensitivity to family requirements, encouraging community involvement memberships and succession planning. For some it means treating employees with respect.

Theme: Good Recruitment Strategies

Some Board are actively linking with other municipal groups and universities, having active search strategies, and hiring epidemiologist

Theme: Use Social Marketers and Advertisers

Some Boards use outside professional to assist in good recruitment and media strategies that will bring in good people

Theme: Linking with Training Institutions

Boards are also linking with universities, partly to support the need for a local medical school, and paying for senior staff schooling.

51 QUESTION: ***What role does your Board play in MOH or Senior Staff selection?***

QUESTION CATEGORY	MOH/Senior Staff Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	No
			Board	×	Yes
			Management	×	No
			Staff	×	No

Question Findings

The Boards of Health across the province do play a role in the selection of the MOH and some play a role in the selection of senor staff. In most cases the full Board is involved in the selection process and in others it is a sub-section of the Board that makes the final recommendation and in effect the final decision. When the Board is also the municipal or regional council, it will have final approval as will the autonomous Boards of Health. According to our results, the MOH has the full ability to select her/his senior staff in 14 units. In nine units the Board selects senior staff with MOH involvement.

Where the MOH is also the Commissioner of Health in a Regional or Country structure, the CAO or Regional Administrator also plays a role in recruitment and selection of the MOH. In other cases, the unit CEO or Executive Director will also play a role in the decision process but not make the final decisions, which will be made or approved by the Board of Health which is often the Council.

When we asked some Boards of Health about their role, many were at first not clear. Some units have not selected a new MOH for many years, nor were they involved in approvals of senior staff appointments.

Introduction to Management & Staff Recruitment and Retention

There are two sections of Health Human Resources questions with regard to recruitment. This section focuses management and staff recruitment and retention. There is also one question regarding specific technical expertise. We asked the following questions on behalf of the HHR Sub-committee:

- What are the main factors that keep you and your colleagues working in public heath?
- What technical expertise or skills would you like to augment or add to your health unit? Why?
- The qualitative observations in the Phase 1 survey identified challenges with recruitment and retention and yet the data on vacancies show a relatively low vacancy rate (4.5%) (other than MOHs and other specific disciplines). What do you think might explain this discrepancy?
- How could marketing be used to support recruitment and retention and to promote a career in Public Health?
- What recommendations would you make on how to ensure Public Health remains a high priority for the public?
- What has your unit done to successfully attract the "best and the brightest" human resources?
- What needs to be done to increase your health unit's effectiveness in recruiting and retaining staff?

Questions & Findings for Management & Staff Recruitment and Retention

Introduction

People work in Public Health because they believe in the cause and they love what they do. Both staff and management agreed that the number one reason they continue to work in the Public Health sector is that they believe in what they do and that they offer an important service to the community. They also appreciate the challenges and diversity that their respective jobs. Other aspects of the job that are important are the location (which not surprisingly is more important in smaller health units than larger ones) and job security and compensation which were more important to staff than management. The need to address Public Health recruitment and retention issues were supported by the answers to these questions. The data reflects a need for additional staff and resources to meet current and growing needs. Reports of being overworked and high turnover were common. Respondents reported that these strains have a differential impact on health units – smaller health unit's,

and those in northern and more rural areas have a harder time recruiting and keeping qualified professionals.

Collaboration among the various Ministries that affect Public Health would demonstrate that it is a priority for each of them. Customer focus and consistency of standards between health units would build greater profile with the public. The solutions to these identified challenges were often beyond the control of individual health units with the lack of staff being attributed to both a lack of training opportunities and a limited number of qualified people.

Increased provincial leadership is needed to resolve these issues. Recommendations include overarching leadership issues such as ensuring Public Health is a consistent government priority with continuity of mandate and providing a continuity of funding. At a level more directly attributable to recruitment and retention, the province needs to provide leadership concretely demonstrating the impacts of Public Health programs, influencing the quantity of training opportunities and dealing with some of the issues regarding salary inequities. Health units would also like to see the province provide support in the creation of social marketing tools, consistent advertising frameworks and the coordination of media promotion. Promoting the family friendly nature of the job as well as the attractions of living in specific locations would also assist in recruitment activities.

Locally, health units could use these supports to expand their recruiting strategies in a number of ways, such as job fairs and linking with training organizations – many of which are already being employed. Local health units also need to work on creating positive work environments for retaining staff. This would include increasing professional development opportunities, giving employees challenging work assignments that acknowledged their full potential and dealing with management and leadership issues within their health units. One question asked dealt with the discrepancies associated with the qualitative and quantitative data from the phase 1 survey. Respondents were most likely to report the cause of discrepancy to be due to higher vacancy rates among certain professions, to positions that are purposely not filled and to absences such as maternity leaves that are not counted as vacancies. Other reasons included the fact that there are not enough qualified people, that people are overworked so any vacancy has a large impact and to high turnover rates. The most often mentioned additional expertise needed in health units focused on the collection, use and analysis of information including the associated hardware and software. Other skills and expertise include Toxicology/ Environmental health, Health Promotions, Corporate Support Services, Emergency Planning, Infectious Disease specialists, and legal expertise.

66 QUESTION: ***What are the main factors that keep you and your colleagues working in public heath?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	×	No
			Board	×	No
			Management	√	Yes
			Staff	√	Yes

Introduction

This question was asked of management and staff, generally generated considerable energy within the small group discussions and provided a good set of themes that were relatively consistent across the two groups.

Question Findings

People work in Public Health because they believe in the cause and they love what they do. The top four themes acknowledge both their belief in Public Health and the various aspects of their job that provide the most satisfaction. Both staff and management agreed that the number one reason they continue to work in the Public Health sector is that they believe in what they do and that they offer an important service to the community. They also appreciate the challenges and diversity that their respective jobs, although more management than staff identified this as a factor.

Other aspects of the job that are important are the location (which not surprisingly is more important in smaller health units than larger ones) and Job Security and compensation which were more important to staff than management.

Description of Themes

Theme: Causal Belief, Personal Satisfaction

Employees believe in Public Health. They believe they make a difference and take personal pride in helping the community and contributing to society. There is a sense of mission and a sense of "saving the world." They want to improve health rather than clinically fix it and appreciate being progressive rather than reactive. The opportunity to focus on "the determinants of health" is important to them, as is achieving change through channels such as advocacy, treatment and education.

They also truly enjoy their job. There is a sense of passion and commitment and a feeling of being connected to the community. They like the problem solving, the sense of positive contribution and the knowledge that they are doing a good job.

Theme: Diversity, Challenge and Personal Growth

Employees enjoyed the multi-disciplinary nature, diversity and challenge of their work environment. They appreciated the creative opportunities and the ability to be self-directed and mentioned that the work was "never boring."

Personal growth was important to both management and staff. They mentioned learning something new every day and dealing with "emerging issues on the cutting edge" and as being important. They also mentioned that they appreciated the ability to move within the health units and the fact that some departments have opportunities for personal growth. The growth and changing nature of programs, although slow, also provided opportunities for growth. Management specifically mentioned the opportunity to mentor staff as an important aspect of their jobs.

Staff like the high level of responsibility at a staff level. Some staff liked the independence and autonomy while others didn't experience this in their work environments.

Theme: Family Friendly/Work Environment

Employees stated that a working environment that offered an infrastructure to balance work and home commitments was an important factor in their career choice. Flexible and reasonable daytime hours with a manageable workload was mentioned often, albeit qualified by the fact that it was only true for some professions. The ability to leave work behind when at home was another aspect of this theme, as was a family-friendly environment with "good personal support."

Other aspects mentioned focused on the comfort of the physical environment, the existence of fitness or wellness centres and the size of the organization.

Theme: Community/People

This theme reflected the different mix of people that Public Health employees deal with on a regular basis, both in the workplace and the community. Employees like working with community partners in the local community and serving the clientele they serve. Some health units particularly enjoy the urban / rural nature of their work.

Working as a team, sharing ideas and being supported by management and colleagues is important to employees. Having access to the MOH and ED was also specifically mentioned.

Respondents also like the fact that Public Health is a discipline that crosses component disciplines (such as nurses, epidemiologist, inspectors, health promoters, etc)."

Theme: Job Security, Compensation and Benefits

This category focused on the more tangible aspects of the job. People appreciated the fringe benefits", pension plans, the amount of vacation and sick leaves. Some were happy with their present salary while others felt they were underpaid. Several respondents mentioned job security, and the number of employment opportunities as being important.

Theme: Positive Reinforcement

This theme reflected the support and feedback that staff or management received from the community and their superiors and their sense that their role is respected.

Employees, appreciated having a good reputation in the community and that "since Walkerton, the public values what we do".

Management feedback and support was also important. They appreciated when "feedback was given in a positive, skillful, critical, helpful, and timely basis, from an appropriate level of management". It was also important to them that management values staff input and that management provided support to their projects.

Theme: Location

This theme focused on the physical geography of the Health Unit. Some respondents noted that there were not a lot of other jobs in the area and that they wanted to live and work in the same community. A short commute time to work was also listed as a reason for their job decision.

Theme: Access to Resources

This had to do with both having access to the tools, resources and colleagues in other areas of the community in order to do their jobs. It also included the ability to work with "leading edge stuff like GIS, EMR and videoconferencing."

18 QUESTION: ***What technical expertise or skills would you like to augment or add to your health unit? Why?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	√	Yes
			Staff	×	No
			Partners	×	No

Introduction

This question looks to the field to identify specific areas where more expertise is needed. The question is addressed to the MOH/CEOs and to the management focus groups. It produced good results.

Question Findings

The number one theme focuses on the collection and use of information and the lack of adequate tools such as PC's and software. It also addressed the need for the associated knowledge and skills to make use of information and tools. Two of the top three most frequently mentioned themes relate to information resources and management. When you add in the fifth most frequently mentioned theme, epidemiology, you get a sum frequency of 57% of responses. There appear to be differences between Boards who are led by a single person (MOH/CEO) and those led by MOH and CEO. For the MOH/CEO, need for IT resources and skills is mentioned as frequently as the need for toxicology/environmental health. For the units where there is a separation of duties, information analysis, health promotion and IT resources and skills are ranked almost equally as top priorities with epidemiology ranked lower. It may be that when there is a separation of roles, concerns related specifically to health information, its collection, analysis and research on health/illness trends are top of mind.

Health units serving larger populations (above 300,000) mention the importance of information analysis and management significantly more than those serving smaller populations.

Description of Themes

Theme: IT resources and skills

This is about information technology resources, such as PC's, knowledge/ skills to use the software and needed software such as GIS and IPHIS.

Theme: Toxicology/Environmental Health

This has to do with expertise to deal with hazards and risks. Specifically mentioned were water and air pollution.

Theme: Information Analysis and Management

This is about data analysis and having access to information quickly when needed to know what is happening at any time. Some aspects of this theme included the managing and brokering of knowledge which included records management, case management and legislative change. Specifically mentioned was the need to have information during an outbreak. At least one MOH noted a significant skills gap in using evidence. Managers mentioned the need to have a specific focus in this area and not just add this work to other managerial duties.

Theme: Health Promotion and Communications

This is mostly about social marketing and the planning of health promotion – through event management, marketing and media.

Theme: Epidemiology

This relates to the need for more epidemiologists within the health units.

Theme: Corporate Support and Services

This theme is mostly about the support services such as HR, facilities management, fundraising and quality management. One manager noted the desire to spend more on direct programming and travel, not on administration.

Theme: Emergency Planning

This refers to the expertise associated with planning for emergency situations in a community.

Theme: Infectious Disease Specialists

This theme was not mentioned at all by managers, but does come up in MOH/CEO respondent key words. This refers to health units needing more expertise in communicable diseases such as tuberculosis. Specific mention was given to the need for more staff or potentially an AMOH to focus on communicable diseases.

Theme: Legal Expertise

This refers to the need for legal expertise specifically related to Public Health

Theme: Research

This refers to the need to generally increase skills for accessing and effectively using research and evidence.

13	QUESTION:	***The qualitative observations in the Phase 1 survey identified challenges with recruitment and retention and yet the data on vacancies show a relatively low vacancy rate (4.5%) (other than MOHs and other specific disciplines). What do you think might explain this discrepancy?***			
	QUESTION CATEGORY	**Recruitment & Retention**	SOURCE CAPACITY REVIEW SUB-COMMITTEE:		**Human Resources**
			RESPONDENTS	MOH/CEO	√ **Yes**
				Board	× **No**
				Management	√ **Yes**
				Staff	× **No**

Introduction

This purpose of this question is to understand the discrepancies between the qualitative and quantitative data on vacancies from the Phase 1 survey. The question was asked to both the MOH/CEOs and the management focus group members. The question was well understood and results are quite clear.

Question Findings

Respondents were most likely to report the cause of discrepancy to be different interpretations of the data. For example, vacancy rates are reported to be higher among Public Health inspectors and Public Health nurses. This is consistent with results reported in the interim report. Respondents also tended attribute the discrepancy to positions that are not filled and are not counted as vacancy, for example, maternity and education leaves, short-term disability and contract positions. To a large extent the data reflects a need for additional staff and resources to meet the current and growing needs placed on Public Health. Reports of being overworked and high turnover were constantly reported across health units – "too much work for too few staff." The lack of staff is attributed to both a lack of training opportunities and a limited number of qualified people. Respondents reported that these strains have a differential impact on health units – smaller health units and those in northern and more rural areas have a harder time recruiting and keeping qualified professionals. Confirmation of this assessment is found in looking at this data by size of health unit. Those serving populations exceeding 600,000 were much less likely to mention size and location of unit and lack of qualified people as reasons for the discrepancies. Regionally, respondents from units in the North were much more likely to report lack of qualified people as reason for the discrepancy. On the other hand, health units serving the largest population base were far more likely to report turnover as the primary reason for the discrepancies. Several issues are highlighted in reviewing different cuts of the data. Respondents from aligned and largest health units most frequently mentioned turnover as the primary reason for discrepancies. Respondents in autonomous units more often reported lack of qualified people and different interpretations of vacancy as the primary reason for discrepancies. It is important to note that some of the challenges identified were beyond the control of individual health units. These challenges include: supply problems, compensation,

mandatory requirements, and demographic changes. This is consistent with what is reported in the interim report

Description of Themes

Theme: Different interpretations of vacancy

This is mostly how different ways of looking at vacancy data give different results. Respondents report that data does not include maternity leave, education leave, and short-term disability. Discipline specific analysis gives different numbers ("health inspectors are rotating doors" and "there's a chronic shortage of epidemiologists), and also more about different rates in the North. Respondents also spoke of some vacancies that are never filled, and the impact of vacancies when feeling overworked.

Theme: Not Enough Qualified People

This is about certain disciplines not having enough qualified people. Examples given are inspectors, dentists, RN's, speech pathologists, and audiologists. This is also about health units recruiting from the same limited pool of candidates. It is also about the level of training required and the length of time required to get that training. Some professions are trained mostly in Toronto which can impact the recruiting in other areas.

Theme: Overworked

This is about chronic shortages of staff to do work on mandatory programs and to address local needs ("numbers are short to begin with. We need to double staff if we are going to fulfill our mandate," "too much work for too few people"). With such chronic shortages the time it takes to recruit and train new staff all put a burden on an already overtaxed workforce.

Theme: Size and Location of Unit

This is about there being a greater attraction to units in closer proximity to training centres and large urban areas. This impact is multiplied by the fact that vacancies in smaller units have a larger impact as they have fewer overall staff. Thus, respondents report greater challenges for small health units, those in the North and in rural areas.

Theme: Limited Number of Applicants

This is about too few people being attracted to Public Health, competition among health units for a limited number of qualified people, and the limited number of trained people in general.

Theme: Turnover

This is about the movement people such as Public Health nurses in and out of certain positions. Respondents speculated that the reasons for high turnover rates include Public Health being a stepping stone for other careers,, and demographics such as younger more

mobile workforce, family related moves, "female dominated field," and impending retirements.

They also cited the frustrations associated with dealing with a bureaucratic hiring process with the average time between a vacancy and the average time to hire at one unit being 90 days. Bumping was specifically mentioned as a major problem.

Theme: Finances

This is about the migration of employees toward high paying places, pay rate inconsistencies across Public Health and parity with peers in other organizations. This has a particular impact on smaller and rural health units who hire and train new graduates only to have them leave for larger centres when they have sufficient experience.

Theme: Data validity

Comments from respondents were largely centred on the dentist data which incorrectly includes both clinical and Public Health dentists.

67 QUESTION: ***How could marketing be used to support recruitment and retention and to promote a career in Public Health?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	×	No
			Board	×	No
			Management	×	No
			Staff	√	Yes

Introduction

This question was asked of staff only, although many of the responses tie into a question asked of management (What recommendations would you make on how to ensure Public Health remains a high priority for the public?)

Question Findings

Recruitment efforts can be supported provincially to become more effective locally. Centralized efforts could include the development of supporting promotional material, developing a standardized framework for advertising jobs and ensuring consistency in how programs are named. Co-ordinated media promotion such as web-sites, direct marketing and the development of testimonials are all mentioned. Developing a positive public image and promoting the family friendly nature of the job as well as the attractions of living in specific locations would all assist in recruitment activities

Locally, Health Units could use these supports to expand their recruiting strategies. Promotional materials could be used to support recruitment at high schools or job fairs. Other strategies would include web sites such as Charity Village or Workopolis, open houses, paying signing bonuses or relocation expenses, supporting student placements or targeting specific audiences who have an interest in Public Health.

Description of Themes

Theme: Marketing/promotion

Multiple avenues are suggested to promote awareness of Public Health. At high schools information could be provided to guidance counselors and through job fairs describing what Public Health means. Co-op students, summer students and intern placements all provide insight into the work of Public Health. Alumni could also be given opportunities to go back to universities and high schools to promote the profession.

Initiatives can be launched at the local community level such as open houses, bring your child to work day, or encouraging house unit employees to act as ambassadors for the Public Health field and promote Public Health by word of mouth.

A variety of media channels are suggested, such as web-sites at universities as well as the Ministry's own site, media campaigns, direct marketing campaigns targeted at specific audiences, the use of success stories and testimonials. One aspect that was mentioned regarding marketing campaigns was the importance of promoting the definition of health and not just health as an illness. Opportunities that tie into existing advertising exist, for instance the recent advertisements for flu shots made no mention of Public Health staff. Two health units identified the opportunity to come up with a Public Health TV show similar to CSI, while others mentioned the need to be careful as the government does not want to be seen as wasting money.

The advantages of the job can also be promoted, such as the family friendly and flexible work hours as well as the attractions of living in specific locations.

Theme: Recruitment strategies

Respondents suggested that the Ministry needs to be seen as taking an interest in Public Health. At the broadest level this would involve describing the scope of Public Health and showing the value of the job, education and experience. The province could also provide supporting promotional material, develop a provincial promotional campaign, develop a standardized framework for advertising jobs, and ensure consistency in program naming across the province. Alumni testimonials could also help promote the benefits of a career in Public Health at a local level, open houses, promoting home grown talent, paying relocation expenses or signing bonuses, student placements, highlighting the lifestyle advantages of particular locations or targeting specific audiences who have an interest in/ exposure to Public Health could all support recruitment. A variety of recruitment sites can be used such as Workopolis, Charity Village, job fairs, hiring a recruitment officer. Retention can be supported by mentoring and shadowing.

Theme: Public positive image

A positive public image can be developed by working actively in and becoming visible to the community, by communicating what Public Health does both to the local public and to local politicians, by developing strong positive leadership, or by local Health Unit accreditation.

Highlight Public Health issues/ crisis

There was some mention of taking advantage of the current public awareness of Public Health issues such as SARS and linking changes in behaviour such as the decrease in smoking to health outcomes

Theme: Improve work environment/ professional development

Retention in particular could be enhanced through greater professional development and on the job learning (i.e. nursing preceptorship), greater standardization of classified skill sets and a greater ability to fill leaves of absence or not to lose seniority if one changes positions.

57 QUESTION: ***What recommendations would you make on how to ensure Public Health remains a high priority for the public?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	×	No
			Board	×	No
			Management	√	Yes
			Staff	×	No

Introduction

The inherent issue in Public Health work is the invisible nature of illness prevention and health promotion; "when we do our jobs really well, nothing happens". This question looks to the management cadre across the province for ideas on how to ensure Public Health remains a priority for the public.

Question Findings

There are a number of direct recommendations on how to build profile. Several require increased provincial leadership, such as creating social marketing tools, consistent key messages and promotion of these through various media channels. Quantifying and concretely demonstrating the impacts of effective legislation and specific programs, decreased costs and illness treatment would also render visible the quiet work of Public Health. Others focus on local initiatives to connect to communities by responding to emerging issues, providing programs focused on local needs and providing simple messaging on how Public Health affects people's lives. The importance of ensuring that the Board and elected officials appreciate the contribution of Public Health was mentioned in several categories.

Other recommendations are more about Public Health as a consistent government priority, with continuity of mandate, continuity of funding and a higher level of funding. Collaboration among the various Ministries that affect Public Health would demonstrate that it is a priority for each of them. Customer focus and consistency of standards between health units would build greater profile with the public.

Theme: Province wide strategies to increase Public Health profile

Public Health is not naturally a high profile area. Respondents suggested that visibility needs to be created through social marketing; selling the benefits of prevention and promotion, publicizing effective legislation and developing consistent messaging and 'branding' that is communicated through various media provincially and locally. Education of elected officials on the value of Public Health so it remains a high priority for them is also needed.

One respondent suggested a specific public awareness message illustrating their idea "More than 12 million Ontarians did not get cholera last year; approximately 11,999,900 did not yet HIV … you're welcome!"

Theme: Connect to community

Community involvement is key was one message from the respondents. Public health can connect to the local community by responding to emerging local needs, implementing community focused programs, providing timely promotional campaigns and by providing simple messaging on how Public Health affects people's everyday lives. This might be communicated in an annual report to the community. Ensuring that the Board understand the role and mandate of Public Health is also important.

Theme: Demonstrate importance and effectiveness

This is primarily about demonstrating the impact of effective Public Health, "why we do what we do". This could be done by identifying the results of specific programs, cost savings, how increasing Public health spending decreases illness treatment, cost per resident and impact on local communities. Programming must be visible and accessible. The Chief MOH could provide such a report. Surge capacity should be available to respond to emerging issues.

Theme: Consistent provincial mandate

This theme is about consistency in the Public Health mandate and continuity in supporting funding, especially with the changing priorities of elected governments. Increased funding, consistent education campaigns and coordinated collaboration from the various Ministries involved in Public Health are also mentioned.

Theme: Increase consistency, coordination and customer service

Ensuring a focus on the customer, providing good service, ensuring consistency in standards between health units and maintaining professional and partner involvement are all ways to ensure a high profile for Public Health.

15 QUESTION: ***What has your unit done to successfully attract the "best and the brightest" human resources?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	√	Yes
			Management	×	No
			Staff	×	No

Question Findings

Recruitment and retention of Public Health professionals is a concern with some areas being more difficult to recruit then others. Health units are using a variety of approaches to get the staff they need, but their efforts are clearly hampered by the overall shortage in supply and the ability of some units to provide more attractive compensation packages than others.

Developing relationships with training institutions was mentioned more often by smaller and autonomous units than by the larger or aligned units. This may be due to the fact that the smaller units need to be more proactive in their recruitment efforts than the larger units. All regions identified creating a good work environment as their top ranked recruiting strategy which may indicate the tendency to relate to the preferred hours in Public Health with respect to other healthcare institutions. None of the respondents who mentioned using advertising as a tool were from the North which is not that surprising given the unique nature of Northern communities.

Description of Themes

Theme: Create an attractive place to work

This is a broad HR theme including a broad spectrum of motivators. Good professional development with the associated reimbursement were highlighted often by the respondents. Providing practice councils was a specifically mentioned component of professional development.

Giving autonomy and support and trying not to be too prescriptive in how the work is done was another frequently mentioned area. Striving for innovation and creativity to meet the needs of the community was specifically mentioned by one respondent. In conjunction with this is providing the necessary leadership support, involving staff in decision making, focusing on treating people fairly and providing opportunities for growth in their work. Specific MOH/CEOs mentioned the importance of reorganizing work to appropriately use staff skills/strengths on one side and "letting go of non-performing staff" or "getting rid of deadwood" on the other.

Having an enjoyable workplace is seen as important. This aspect of this theme included increasing the social activities, having wellness committees and conducting employee surveys.

Flexibility in working hours and the ability to take leaves is another sub-theme that was mentioned.

Theme: Pay Well

This theme refers to having competitive salaries. The need to pay Public Health inspector students was specifically mentioned, as was the ability of small rural units to pay as well as units in larger urban areas.

Theme: Good Recruitment Strategies

Respondents indicated a number of recruitment and retention strategies are being used including attending conferences and going to high school to promote work, giving referral bonuses, going to job fairs, hiring professional headhunters, and paying for university education. Also mentioned was specifically targeting people who want to live in the area.

Two comments indicated somewhat different perspectives on recruitment. One respondent mentioned the need to "take the time to fill positions with the right people" and to "make sure recruits understand Public Health policies and health promotion", the other indicated that they were "broad in who we consider."

Theme: Linking with Training Institutions

This is mostly about ways to develop relationships with schools that train the necessary disciplines. Specific techniques used included committee memberships at training institutions, offering student placements, having cross appointments at universities, and offering scholarships and referral bonuses to attract staff

Theme: Use Social Marketers and Advertisers

There was only one comment, focusing on the use of advertising to promote awareness.

16 QUESTION: ***What needs to be done to increase your health unit's effectiveness in recruiting and retaining staff?***

QUESTION CATEGORY	Recruitment & Retention	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	√	Yes
			Management	√	Yes
			Staff	×	No

Question Findings

The number one issue across all respondent groups is making salaries and benefits both more competitive and consistent between units and unions, and more in line with the wages received by professionals working in other organizations/institutions. This is the most frequently mentioned theme by staff and management the second most frequently mentioned theme by the MOH/CEO.

Three themes outline both general and specific ideas for improving the recruitment process including promoting Public Health, better long range planning, improving recruitment processes and recruiting and retaining students

Few comments specifically concerned retention, but the comments made about education and development, the improved work environment, and improved quality of leadership suggest that this is both a concern for the recruitment of skilled professionals as well as an important strategy for retention of new and in-place employees.

A theme underlying all these issues is the need to increase budgets to attract, retain, and develop committed and qualified health care professionals.

Improving recruiting practices was more frequently mentioned as a theme in the eastern regions, and less frequently in the northwest. There may some confounding issues in these areas. This was also mentioned by those units serving the largest population size which is not surprising as those units would likely have the most bureaucracy associated with HR.

Description of Themes

Theme: Competitive Pay and Benefits

From the salary perspective, this theme is about increasing salaries, making them consistent within and across health units with the market for professionals doing similar work in other organizations. It is also about ensuring the money from the province is divided fairly. From the benefits perspective, this theme includes incentives for work in rural and remote areas, benefits for part-time work, and more vacation time.

Theme: Improve recruitment practices

This is a mix of two ideas: 1) improving the way recruitment is done, including standardizing recruitment practices having clear hiring criteria, having entry and exit interviews done by an outside firm, speeding up the hiring process, improving orientation, having staff involved in the interview process and using consultants to assist in the recruitment process; 2) searching both more broadly including foreign trained professionals and multicultural persons and advertising more broadly.

Theme: Increase Continuing Education and Development

This is about increasing protected time and money for professional development to upgrade skills and putting plans in place to help ensures this happens. Management and MOH/CEOs focused more on the need for formalized professional development.

Personal growth opportunities were the other aspect of this theme and while management did mention mentoring, staff also included a variety of workplace growth opportunities in this aspect. They(staff) see the need for a variety of work and for fair and real advancement opportunities. They want to be used to their fullest potential, and mentioned the desire to have a fair process for advancement opportunities. One mentioned that you "often need to move out to move up." They want to see their placements as a real learning experience and some see multi-disciplinary teams as a way of making this happen. Mentoring was also mentioned by staff, particularly as it relates to new employees.

Theme: Recruit And Retain Students/Interns

This is about promoting Public Health careers in a variety of ways with high schools and universities. Various strategies include job fairs, working with guidance offices, student placements, internships and trainee positions. Associated with this was encouraging students to come to work with almost the guarantee of a job and targeting students who live in the county.

More scholarships, bursaries and subsidies for students were suggested - particularly for programs that benefit public and health environment. Having a retention strategy for student recruits was also discussed.

Affecting the quantity and nature of training was another aspect of this theme. This includes influencing the curriculum for nursing and medical students, increasing the number of slots in educational institutions and providing better linkages with a "diversity of programs with universities and colleges."

Theme: Improve Work Environment

This theme included a variety of things, some of which were different for different respondents. MOH/CEOs mentioned the need for increased administrative efficiencies such as HR and IT within the health unit. They mentioned the need for more autonomy for the MOH and less government meddling. They also mentioned the need to support managers which is an area managers felt was important as well.

Managers several times mentioned the need for clearer job descriptions, the links between performance appraisals and job descriptions and the difficulties they experienced due to union contracts. They also mentioned the need for equity in workloads between programs.

Both staff and management felt the need for more worker and family friendly work environments. This included the ability to work from home, have compressed work weeks, do job sharing, have flexible hours, addressing the overall workload issues and have more perks and vacation time. One specific issue mentioned related to this theme was the impact that small size has on flexibility. Staff, for instance are always on call and it becomes difficult to take holidays.

Staff also felt the need to be treated like professionals, to have their managers understand their capabilities and listen and follow-up with employee concerns. "It's not just how you pay me but how you treat me." Related to this is the desire to provide merit rewards vs. rewarding everyone and to "get rid of poor performers."

Theme: Increase Profile Of Public Health

This theme is about improving the profile of Public Health and Public Health workers overall. It addressed the need for the province to develop a provincial strategy to increase the profile of Public Health, to encourage the recognition of Public Health roles, to provide a "positive portrayal of the profession", and to develop Public Health specific continuing education.

It includes also includes encouraging employees to promote Public Health as a good place to work. Respondents suggested promoting Public Health locally understanding that "people who live here want to stay here."

Theme: Support/ Leadership from Ministry

This addresses the need for the ministry to address some of the system-wide issues in Public Health. Topics mentioned included providing sufficient staff to review the outdated mandatory guidelines, to develop specific rural strategies and promote Public Health opportunities and quality of life in rural areas. The need to provide adequate and stable funding was also mentioned again.

Respondents also addressed the need to regionalize some services such as epidemiology and dental and provide better provincial IT systems because costs increase substantially with multiple systems.

Theme: Nothing, No Problems with Retention

A few health units indicated that they did not have any real problems with recruitment or retention.

Theme: Improve Quality of Management's Leadership

Comments about this theme are almost exclusively from staff and focus on more autonomy and less micromanagement and the need to involve staff in decision-making and incorporate their input through the process not afterwards. Some respondents indicated that

management is disconnected from front-line work. There are also a number of staff comments about wanting regular feedback from management and for managers to be "strong leaders that serve as mentors."

Theme: Better Long Range Planning

This addresses the need for the health unit to plan ahead and post jobs sooner. Maternity leaves and retirements at a minimum can be dealt with proactively. Other professions such as planners turnover so often that proactive strategies could be implemented.

Introduction to Human Resources

Leadership Strengthening

The interim report indicated that there were concerns regarding the leadership within health units. This section will probe the leadership strengths that do exist, what can be strengthened and the strategies or activities that are most likely to reap results. The questions identifying leadership strengths and areas for improvement were asked of staff. The questions regarding the strategies to improve skills were asked of the MOH/CEO, CAO and management.

- What are the strongest leadership qualities of your health unit's senior staff?
- What leadership qualities or skills would you like to see strengthened in your senior staff?
- What types of activities have you found most helpful in strengthening your skills as a leader?
- What else would support you in your leadership role?

Staff appreciate leaders who combine the ability to articulate a vision and build linkages across the system with the ability to promote independence and incorporate staff input into the organization. Specifically mentioned was the desire not to be micromanaged.

Managers and leaders who have a combination of technical and people skills they like managers who have Public Health knowledge and experience, but just as often mention the need for people management skills. Although strengths exited in all areas, improvements in all areas were also seen to be needed. Visioning, team development, program development, the understanding of medical content and good people skills were all identified as areas where staff would like to see increased consistency and depth.

In terms of building and strengthening their leadership skills the executives and managers found a combination of professional development and learning to be useful. A wide variety of formal and informal professional development opportunities were cited as examples where leadership skills had been honed. Acting or temporary assignments and secondments were identified as ways to improve leadership within the context of daily work. Again, in terms of what could be done to improve leadership many answers emphasized doing more of what was already working. Additionally health unit leaders would find it helpful if the province would be clear about the vision for Public Health and provide more realistic mandates for their units. They also see a need to connect with their colleagues in other health units and see the province playing a leadership role in making this happen. They would like more supports from the Boards and would also like leadership from their own organization to be more available to provide coaching and support as well as experts on specific topic areas. Most important leaders need the time and support to develop their skills. They are so overworked now they don't have the necessary time to put into development or growth.

Questions & Findings for Human Resources

54 QUESTION: ***What are the strongest leadership qualities of your health unit's senior staff?***

QUESTION CATEGORY	Leadership Strengthening	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO × No Board √ Yes Management × No Staff × No

Question Findings

The highest mentioned response was good management skills which included a combination of providing a vision and the ability to build system level linkages with the tendency to promote independence and not micromanage. Closely related to this were the desire for good communication skills and providing ways to incorporate staff input into the running of the organization.

The other categories were again split between technical and people skills. The combination of administrative skills and Public Health knowledge and experience was seen as important. Staff understood and valued the role of their managers in promoting Public Health outside the organization. They also recognized the need for administration skills. Respondents also identified a variety of other aspects of people management skills including being treated equally and with respect, supporting personal and professional growth and making quick and effective decisions.

Description of Themes

Theme: Good management skills

This focused largely on the promotion of independence and not micromanaging. Staff spoke of managers that promote team building and managers that care about staff and see themselves as part of the team. They want "mentors who model behaviour."

They are also looking for managers who have knowledge of the big picture and build system level linkages and relationships. They need to be flexible and see outside the box.

Finally they value managers and executives who are willing to work on improving their management skills.

Theme: Communication Skills

Mentioned here were leaders who were approachable, accessible and open. They also value leaders who were able to create a shared vision at all levels. They appreciate managers who have open door policies and the ability to listen. Managers who provide ongoing constructive feedback and positive reinforcement were also mentioned. Specifically

mentioned was the value of in-house sharing days or monthly meetings. The consistency of communication was also important to staff.

Theme: Include staff ideas

Included here were a variety of ways of saying that staff appreciate having meaningful input in the organization. Specific statements include: trusts staff and backs them up; receptive to innovative ideas – seeks input from staff; recognizes when decisions made are not good for staff and seeks remedies including use of outside resources; open to feedback from staff.

Theme: Good experience and knowledge base

Good administration skills (certificate of Public Health administration) combined with technical capabilities and a knowledge of Public Health were mentioned as important skills. Participation in professional associations and awareness of other programs were also seen as important.

Theme: Treated equally and respected

Respondents mentioned that they like managers who are fair and able to have fun and who attend social events. They appreciate leaders who recognize and acknowledge all staff (know their names) and compliments them on a job well done.

Theme: Support personal and professional growth

Leaders who are in-tune with staff and actively involved in their work were mentioned. Other skills included building in extra time for projects; advocating for staff needs; letting staff take a project and run with it. Also important was supporting staff in program delivery.

Theme: Visibility and Reputation in Community

Ideas included here are leaders who have a community focus, are not afraid to take a stand in public and are able to promote the benefits of Public Health programs to whole community.

Theme: Makes quick and effective decisions

The leadership skills here focus on the tendency to be action-oriented, to make quick decisions and resolve issues. Acknowledge problems in programs and teams and being effective at crisis management were also mentioned.

Theme: Good Administrator

This was mostly about having strong financial skills and the ability to plan for the future.

55 QUESTION: ***What leadership qualities or skills would you like to see strengthened in your senior staff? -***

QUESTION CATEGORY	Leadership Strengthening	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources

RESPONDENTS	MOH/CEO	×	No
	Board	√	Yes
	Management	×	No
	Staff	√	Yes

Question Findings

Staff identified three competency areas that they see as critical: management skills, technical skills and personal skills. Some of the areas of improvement within management skills were visioning, team development, program planning, leading by example and conflict management. Improvements suggested within the technical skills competency were to provide better medical leadership and to better understand program content. The areas of needed improvement within good personal skills were better networking and filtering information to staff

Description of Themes

Theme: Good leadership and people management skills

This theme combined the need for vision and forward looking, with the ability to empower and work effectively with their staff and the ability to integrate work from across the unit.

The need for longer term strategic skills including examples such as developing a vision, thinking outside the box, planning beyond a year, forecasting trends, succession planning and being proactive and not reactive. It also included reducing their resistance to change and being sensitive to the speed of change.

The ability to engage their staff included skills such as the capacity to motivate leaders, developing an atmosphere of trust and integrity, promoting a less hierarchical internal atmosphere, empowering staff rather than micromanaging and working well with diverse groups.

Integration was mentioned in various ways several times and included things like being aware of others job responsibilities, sharing across the health unit, working well with diverse groups and integration and teamwork.

Theme: Communication Skills, Visible and accessible

This theme is about transparency and ensuring that there was effective two-way positive communication in the organization. At least two health units spoke of "too much secrecy" or

"management holds secrets." It talked about the need for management to network and filter information down to staff on a regular basis and not just in a crisis.

Theme: Support staff in Their work

This is about having the skills to motivate staff. It speaks of setting goals and objectives and delegating without micromanaging. Respondents wanted management who would take into consideration their working issues and were "willing to back staff up." They also wanted mentors who were willing to take training to improve their own skills in managing staff as people.

Theme: Professional skill sets

This theme combined medical leadership with strong business, computer and budgeting skills. They wanted leaders who were lifelong learners and knew their program content but also had the administrative skills to manage effectively.

Theme: Treat staff equally and with respect

This combines the need for managers to treat staff consistently and with fairness and equity with the need to be family-friendly and acknowledge life outside of work.

Theme: Include staff ideas

This theme was about respecting the ability and skills of staff and providing rewards for independent thinking. Staff want to be used to optimal levels and then to work in an environment that recognizes their work achievements.

Theme: Makes quick and effective decisions

This is about leaders being willing to take risks and make decisions based on facts and best practices. Staff want to see transparency in decision-making and they don't want decisions by the management team overruled after the fact. The other aspect of this theme is timeliness, they want managers who are able to prioritize and are available to the front line for key approvals.

24 QUESTION: ***What types of activities have you found most helpful in strengthening your skills as a leader?***

QUESTION CATEGORY	Leadership Strengthening	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	√	Yes
			Staff	×	No

Question Findings

The results for both MOH/CEO and Management were relatively consistent in this question. There were two themes that emerged:

- formal and informal learning opportunities such as professional development, networking and attending meetings and conferences, as well as
- supported opportunities for learning on the job such as challenging work and growth opportunities , mentoring and performance management.

The learning opportunities included various types of training such as " a business education" or "CAO-specific" training. Just as important as the courses themselves was the funding and/or time to participate in these opportunities.(in some cases this included educational leaves). Informal learning opportunities such as either topic-specific or networking meetings with other Public Health providers outside their health unit were also viewed as critical. Respondents identified the need for the CEO/CAO to attend the MOH meetings – particularly when there is no MOH who can attend. A key theme related to this concept was the importance of being encouraged and being given the opportunity by leadership and the Board to participate in these opportunities.

Learning on the job was all about "Learning on the Go." This was about taking on, or being given challenges that "test your mettle". Examples include, taking on acting, stretch or temporary assignments. that are beyond your comfort zone." It also included secondments to other municipal. The category of themes associated with learning on the job also referred to the need to have the tools and supports in order to be able to do a job effectively. As with more formal learning situations, the need to be supported by leadership including the Board was critical for this type of learning.

Description of Themes

Theme: Professional Development

Various types of formal training were perceived as being useful. There was a sense that "you need a business education" or "CAO-specific" training. People mentioned intensive

leadership or business management courses at University of Toronto, Queen's University, Niagara institute and Royal Roads. Other courses mentioned were various courses specific to Public Health for instance a Masters in Health Management, or guest speakers regarding difficult topics. Just as important as the courses themselves was the funding and/or time to participate in these opportunities.(in some cases this included educational leaves) Aside from formal institutional courses, people found independent study, on-line courses and reading to keep up with the literature useful. One health unit noted that they designate 2% of their salary dollars for professional development while another pays tuition upon completion of courses.

Theme: Attendance at Meetings and Conferences

This category was mostly focused on either topic-specific or networking meetings with other Public Health providers outside their health unit. Examples included meetings with ministry staff, participation in the health councils, quarterly MOH meetings, the OHA conference as well as the monthly teleconferences with Sheila Basrur. Specifically mentioned was the need for the opportunity for the CEO/CAO to attend the MOH meetings – particularly when there is no MOH who can attend.

Theme: Encourage Networking

This involved being encouraged and being given the opportunity to develop informal relationships with colleagues both within their professions, within related organizations, or across professions and departments.

Theme: Provide challenging work and growth opportunities

This theme was all about "Learning on the Go." This was about taking on, or being given "challenges that "test your mettle in a controlled, supported environment." Examples of these types of initiatives included, taking on acting, stretch or temporary assignments that are beyond their comfort zone. It also included secondments to other municipal departments or opportunities to go into specific areas in-depth in order to get provincial or national recognition.

Theme: Mentoring

This topic included both mentoring and being mentored. There was an acknowledgement of the importance of having a mentor, as well as the learning that occurred as a result of mentoring – such as being a student placement supervisor.

Theme: Performance Management

This included the ongoing and formal annual performance management process as well as succession planning. It stressed not only doing these processes but how the processes were done. The importance of "face to face opportunities with leadership" was emphasized, as well as the need for a "tolerance of failure."

25 QUESTION: ***What else would support you in your leadership role?***

QUESTION CATEGORY	Leadership Strengthening t	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	√	Yes
			Staff	×	No

Question Findings

Most of the themes in this question are the same as the themes in the previous question and so for the most part, the results of this question can be summarized as -- do more of what is already working. Or in some cases, nothing else is needed.

The new themes that emerged in this question that were not articulated as being things that were already in place were:

Improved communications and support at the provincial level - This topic combined the need for provincial leadership in setting the direction for Public Health, with their leadership in fostering connections and communications within the Public Health system. There is a strong desire for the Ministry to provide more realistic mandates and to update these mandates on a timely basis. It is also expected that the province would support the health units in fulfilling these mandates. This would include but not be limited to visits by the Ministry consultants to the health units. A key component of this section of the theme is the need for the various Ministries involved in Public health to coordinate with one another.

The other aspect of this theme is the need for the Ministry to play a leadership role in helping people within the Public Health system to connect with one another. There is an acknowledgement that everyone needs the same administrative information and that there should be more people at the table to talk about issues. Specific to this part of this theme was the need for there to be more people with access to the MOH council and that the MOH teleconference should include Directors. It was also mentioned that although teleconferences are useful, face to face meetings are more important and should be done at least annually.

The importance of Board level support which was a sub-theme under supportive and cohesive team - This item combined the need for Board support of the Public Health agenda and the need to align the priorities for learning and growth with the funding and time to carry that out. As would be expected, the responses from the MOH/CEO category tended to focus on the need for Board support articulated by comments such as "some Board members aren't supportive – they aren't there for Public Health. The focus of the management team was centred more on the need to recognize their need for ongoing growth and learning and to provide the time, the funding and the moral support needed to increase their capabilities.

- Available management and expert support - This theme focuses on the need for leaders at all levels of the organization to have people they can call upon for additional advice and expertise. These experts could be internal or could be from the province. Regardless, there is a need for consistency in the advice provided (particularly at the provincial level) and clear rationale for the decisions made.

- Available time and support - This theme had to do with addressing the burnout question and providing the adequate time and resources to enable the necessary leadership activities to occur. Aspects of this theme included reducing the staff to management ration, providing guidelines on workload and how much was too much, providing more administrative support and putting in place appropriate succession planning. One MOH summarized this theme nicely by answering the question with "Sleep would be good."

Description of Themes

Theme: Professional Development

This category referred to a combination of on-going professional development for Public Health and education in specific areas such as finance, legal, or a diploma in public administration. One of the key aspects of this category is the need to provide both the funding and the time for mid-management development.

Theme: Time and Support

This theme had to do with addressing the burnout question and providing the adequate time and resources to enable the necessary leadership activities to occur. Aspects of this theme included reducing the staff to management ratio, providing guidelines on workload and how much was too much, providing more administrative support and putting in place appropriate succession planning. Two MOHs summarized this theme nicely by answering the question with "Sleep would be good."

Theme: Improved communications and support at provincial level

This topic combined the need for provincial leadership in setting the direction for Public Health, with their leadership in fostering connections and communications within the Public Health system. There is a strong desire for the ministry to provide more realistic mandates and to update these mandates on a timely basis. It is also expected that the province would support the health units in fulfilling these mandates. This would include but not be limited to visits by the Ministry consultants to the health units. A key component of this section of the theme is the need for the various Ministries involved in Public Health to coordinate with one another. The other aspect of this theme is the need for the Ministry to play a leadership role in helping people within the Public Health system to connect with one another. There is an acknowledgement that everyone needs the same administrative information and that there should be more people at the table to talk about issues. Specific to this part of this theme was the need for there to be more people with access to the MOH council and that the MOH teleconference should include Directors. There was also an acknowledgement that although

teleconferences are useful, face to face meetings are more important and should be done at least annually.

Theme: Supportive & Cohesive Team

This item combined the need for Board support of the Public Health agenda and need to align the priorities for learning and growth with the funding and time to carry that out. As would be expected, the responses from the MOH/CEO category tended to focus on the need for Board support articulated by comments such as "some Board members aren't supportive – they aren't there for Public Health. The focus of the management team was centred more on the need to recognize their need for ongoing growth and learning and to provide the time, the funding and the moral support needed to increase their capabilities.

Theme: Nothing/ Or did no answer

A number of people either did not answer the question or specifically indicated that nothing else was required.

Theme: Mentoring

The mentoring indicated in this category includes both peer to peer support and mentoring of students in the workplace.

Theme: Available management and expert support

This theme focuses on the need for leaders at all levels of the organization to have people they can call upon for additional advice and expertise. These experts could be internal or could be from the province. Regardless, there was is a need for consistency in the advice provided (particularly at the provincial level)

Human Resources — Professional Development

Introduction to Professional Development

The Public Health Human Resources Subcommittee identified a possible strategy to improve the quality of working life for employees as the development of "flexible approaches to ongoing professional development" (CRC Interim Report p. 35). In relation to that strategy, the subcommittee asked one question of Board, MOH/CEO and Management respondents and two others questions of MOH/CEO, Management and Staff. The questions are as follows:

- What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?
- What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?
- What else could be done in this regard?

The responses to the three questions are presented in this subsection of the Health Human Resources portion of the report. The individual findings are summarized in the findings for the section. The description of theme responses include both the content of the theme and the various respondent responses when they were different.

Questions & Findings for Professional Development

What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?

The most often stated interview or focus group responses related to the encouragement of professional development and training. As stated earlier the question was asked of the Board, the MOH/CEOs and of management focus groups. And the largest group of Board responses to this question were in this area emphasizing certification and budgeting. As well it was by far the most frequent response by MOH/CEOs who mentioned supporting professional development through a variety of means. Managers mentioned the importance of having time off for development as well as establishing a culture of learning as being successful.

Being able to attend meetings, conference and communication beyond the work group was also a seen successful approach by Management responders, a substantial number of MOH/CEOs and some Board members. Other key themes included getting support form the Board, which Board members identified, performance management process, mentoring, and providing challenging work and growth opportunities.

What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?

The focus of this question is what IS in place. For units of all sizes, regions and whether aligned or autonomous, attendance at meetings and conferences and communication beyond the local work groups is in place according to the respondents. Professional development opportunities and some funding are in place in the breadth of units as well. Networking is encouraged in most units with somewhat more seemingly being done in autonomous units. Membership in associations is also encouraged in most units and funded in some according to the responses. There were more difference across the regions in identifying having access to resources. It was not mentioned by those in the North West region and it was les mentioned by both aligned and autonomous units.

One anomaly with this question and the next was the number of nothing stated or nil responses. This was mostly by MOH/CEOs. The details of the response pattern are included in the theme description. Some MOH/CEO, staff and management respondents stated that the provision of challenging work and job growth activities was in place their unit.

What else could be done in this regard?

The answers to what else could be done often paralleled those as to what was seen to work. Responders identified that they wanted more of the following, listed in order of the number of responses: Professional development, encouraging networking, attendance at meetings and conferences, mentoring, access to resources for their learning system communications, discipline specific supports, time to engage in professional development and learning from challenging work and growth opportunities. Each theme description provides more detail as to the context and, when appropriate, the differences in response between respondents.

21 QUESTION: ***What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?***

QUESTION CATEGORY	Professional Development	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	√	Yes
			Management	√	Yes
			Staff	×	No

Description of Themes

Theme: Encouragement of Professional Development and Training

Board respondents found encouraging professional development and training as the most successful way to strengthen leadership qualities and skills in their unit. Some Board responders mentioned paying for certification and providing budgets for professional development as their contribution. MOH/CEOs also gave more responses in this area than any other. Respondents mentioned supporting professional development through a variety of means, including staff appraisals, paying tuition, funding conferences or external workshops, encouraging online courses, and providing in house workshops or MOH in-services. An MOH/CEO respondent also listed supports that would foster professional development, such as "designating 2% of salary dollars to development". Management focus group members also mentioned the importance of the following: allowing time off, creating a culture of learning, actively soliciting staff input on training and making training more accessible outside of Toronto.

Theme: Meetings, Conferences and Communication beyond Local Work Groups

MOH/CEOs and the management focus groups also identified activities related to this theme which is focused mainly on external networking groups and conferences (either within professional associations or regional associations). Some MOH/CEOs, identified their role as paying membership fees and fostering networking with the benefit of keeping informed through these forums. At least one mentioned the West Nile Debriefing day, the Provincial Education Days. Another noted that he/she asks employees to do something every year.

Management responders found using different development venues helpful, including: leadership roundtables, nurse practice councils, social marketing committees, management meetings, and relationships with local colleges and universities. Board members who gave responses that fit this theme also mentioned the importance of encouraging social involvement but also the "prohibitive" expenses face in the North for such involvement.

Theme: Support from the Board

In addition to the other kinds of responses, more specific areas where the Board can support strengthening health unit skills and abilities were identified in this theme. Certainly there were more Board responses in this category, but also a few from the MOH/CEO and management. The responses were from across all categories of units as well.

MOH/CEOs saw that helpful Board support activities have been in increasing understanding of the politics of a community and providing links or access to resources such as a PHRED or a library. Board members responded that they have also found helpful the provision of moral support, praise or acknowledgement, having lunch with presenter after Board meeting, ensuring there are collegial relations/mutual respect between Board and staff, being receptive to new ideas and programs, not micromanaging and offering invitations to attend special events. Managers saw the Board as most helpful when it hired people with the needed skills and when Boards responded to concerns raised in employee satisfaction surveys.

Theme: Performance Management and Review

Managers focus groups made the most responses that fit in this theme. They have found those reviews to be the most helpful in strengthening skills and development. Such a process can identify strengths and weaknesses, learning objectives and develop a plan for each employee. It can also provide a useful survey of all management and staff skill sets. CEO/MOHs identified the importance of creating such a forum for formal feedback but also the success of management retreats in strengthening skills and abilities. Some Board members also agreed that regular assessments and "courses to remedy weaknesses" were helpful.

Theme: Mentorship

Manager's focus groups primarily identified the success of mentorships for strengthening skills and abilities. There were no Board responses that fit this theme and only a few for MOH/CEO interviews. The management responses identified a number of mentorship opportunities and methods including, peer to peer, crossing roles, student placements and teambuilding activities, and orientation processes.

Theme: Provide Challenging Work and Growth Opportunities

This theme points to a more intrinsic method of professional growth, that of engaging the staff in challenging work assignments. This way of strengthening abilities was most mentioned by MOH/CEO respondents.

MOH/CEOs mentioned involvement in strategic planning, teambuilding and giving front-line staff opportunities in leadership areas and individual program plans as having been successful. Board members also mentioned team building and that "engaging and mobilizing the community" at critical points, "like staff cuts", have been successful.

Management focus group respondents indicated that challenging work opportunities encourage innovation and risk taking. Some believe that management must accept the inevitable failures that sometime result and learn from them. Other comments included - offering front-line staff leadership opportunities.

22 QUESTION: ***What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?***

QUESTION CATEGORY	Professional Development	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources
		RESPONDENTS	MOH/CEO √ Yes Board × No Management √ Yes Staff √ Yes

Description of Themes

Theme: Meetings, conferences and communication beyond local work groups

All three groups of respondents identified that they had put in place multitude of ways of connecting both within and external to the health unit through conferences, meetings, retreats and teleconferences. Such events included discipline celebration, on site meetings for all managers, management retreats, discipline celebration, host regional meetings on site, CD conferences, Public Health nurse debriefing, and plug in Public Health – teleconference on Public Health issues.

Theme: Professional Development

A wide variety of professional development opportunities have been put in place in units across the province. Again, the staff focus group identified the largest number of such opportunities including technical training, in-services, mentoring, orientation programs, continuing education and discipline-specific certifications. A MOH/CEO respondent noted that she/he had worked closely with unions regarding such training. Others mentioned pathways to increase certifications, significant budget allocated for ongoing training and professional development, technical training, preceptorship programs, financial support of masters and certifications, corporate and divisional orientation programs, Public Health testing and certification education days, lunch and learns, Health and Safety program and support to submit abstracts for presentation at provincial conferences.

Theme: Encourage Networking

MOH/CEO, staff and management from units of various sized and regions mentioned that their unit now encourages networking. The connections are made on either a discipline-specific or a project basis with groups that are beyond those where interaction normally happens on a day to day basis. This may include regional team meetings across several programs, quarterly meetings or network support for a specific discipline, or working groups across divisions, health units or at a provincial level. Also mentioned were regional sharing and updates, inter-provincial teleconferences, a professional practice committee for nurses.

Theme: Membership in Associations

Staff, Management and MOH/CEOs all mentioned their units support for involvement in associations. This includes the encouragement to be part of various formal and informal associations such as Alpha, THCU, OPHA, CIPHA, as well as Nursing Practice Councils etc. In some cases this included the payment of membership fees.

Theme: Access to resources

Management respondents commented most on access to resources to support their work being in place. Some staff and CEO/MOH respondents did as well. No respondents from the North West region indicated they had such access, but respondents from all other regions did. Included in this category was access to journals (both physical and on-line) and having the hardware and internet connections required to enable this. Some also mentioned access to on-line courses, PHREDs, journals, books and access to listserve.

Theme: Nothing Or Limited

Twelve MOH/CEO respondents did not or were unable to answer this question. Some found it repetitive and one said that he/she had "no idea". There were only two staff and one management focus groups that also didn't answer this question. The largest numbers of these were from units under 135,000 and the next largest number was from units over 600,000. There were almost equal number who gave limited or no answers from autonomous and aligned units but all regions were covered. One who answered that nothing or very little was in place said that there was "No funding available" and that it was considered "a frill by senior management in the city and city council."

Theme: Provide challenging work and growth opportunities

Management focus group members took the lead in stating that providing challenging work and growth opportunities were in place in their unit. None from units over 600,000 made this comment. No one from the North West or North East regions did either. This comments included the participation on divisional and inter-divisional committees or direction-setting exercises such as "professional think tank opportunities", various types of Management Round Tables, "operational planning" or "input on budget and development choices." Some do have some flexibility and autonomy in the job to enable growth. Others have taken advantage of professional think tank opportunities and Public Health RNAO workplace events.

23 QUESTION: ***What else could be done in this regard?***

QUESTION CATEGORY	Professional Development	SOURCE CAPACITY REVIEW SUB-COMMITTEE:	Human Resources		
		RESPONDENTS	MOH/CEO	√	Yes
			Board	×	No
			Management	√	Yes
			Staff	√	Yes

Description of Themes

Theme: Professional Development

The few MOH/CEO respondents who identified the need for more professional development also identified the need for more money and more time. One lamented that he/she used to be able to provide education days to management and staff.

As the top area for improvement for both management and staff, this theme includes many 'wishes' focused on specific methods or approaches to programs or the environment for professional development. Methods or approaches identified in the focus groups include more courses on topics such as management and leadership development, cross training, interdisciplinary work groups, bringing in more guest speakers, supporting educational leaves and sabbaticals, becoming a teaching health unit, hiring someone who focuses on education as an education specialist or staff development coordinator, e-learning, reinstituting education days and better orientation for new hires.

Identified ways to improve the ability to pursue professional development focused use mainly on more money, not just to pay for the course but also to pay for travel and living, and more time off for professional development. Some saw the need for a culture that emphasizes professional development through teambuilding and education forums. One comment highlighted the need for support from the MOH (or CEO).

There were some comments highlighting the need for more formalized policies as well such as a standard percent of budget for professional development and a standard policy providing staff allotted time off.

Theme: Encourage networking

This theme had less than half the respondents as the first theme and there were no MOH/CEO respondents. Staff focus groups were the strongest responders in this area as were units under 135,000 in population base. Staff and management focus groups provided a list of approaches and methods to encourage networking, such as increasing involvement in provincial networks, networking with other health units, appointing networking leaders who bring people together and networking with local physicians. In

addition, some mentioned the desire for more opportunities for support and administrative staff to network.

Theme: Attendance at meetings and Conferences

MOH/CEO interview respondents identified the need for more ability to enable employees to get to profession specific meetings, some being across health units. Another lamented that if the unit were bigger he/she could give their staff more opportunities. Staff noted the need for such attendance but management listed more possibilities such as peer meetings, regional meetings, discipline specific activity days and community meetings. One management respondent also saw the need for more funding to attend conferences.

Theme: Nothing or Didn't answer

A substantial number of MOH/CEO respondents did not answer this question or had nothing further to say about what else could be done. These interviews were often particularly rushed and thus some chose not to respond to the second half of the question.

Theme: Mentoring

Both staff and management focus groups included mentoring as an improvement. MOH/CEOs did not mention it in this question. This theme included ideas such as: internal peer-to-peer consultation, shadowing for new staff, mentor programmes, practice councils, parachuting in an existing MOH to mentor and confirm directions and student preceptorships.

Theme: Access to Resources

The one MOH/CEO respondent focused on the need for provincially supported listserves and knowledge exchange resources. Staff focus group participants were the largest number of responders and with management highlighted the need for adequate resources beyond time and money to engage in professional development. Resources cited include on-line training and webinars, teleconference equipment, IT bulletin Board and meeting room space.

Theme: Communications

Improving communications options was seen as another way to improve professional development or networking. CEO/MOHs recognized that some groups have specific communications needs to move forward. This could be video conferencing or even "more formal opportunities to move people around to other health units" to increase their learning opportunities. Some managers also saw the possibilities in video conferencing but also saw the need to improve development by addressing the clarity in their unit as to expectations, roles, responsibilities and the skills required for each position. Staff respondents also saw the need for better internal communications to support their development, up and down the organization and across divisions.

Theme: Discipline Specific Supports and Equity

A few MOH/CEOs and more managers saw the need for providing supports to assist management and staff in becoming experts within their discipline. One MOH/CEO saw the need to establish a nursing council in his/her unit. Managers identified discipline specific activity days, discipline councils, supporting certification, establishing cross appointments with local universities and providing access to discipline specific consultants. No respondents from the largest units are included this theme nor did anyone from the North West respond.

Theme: Time

The MOH/CEO respondent recognized that his unit needed to "value time spend in professional development, team building, and working out wrinkles". Staff and management identified having a manageable workload that includes time for professional development, including reading and doing research.

Theme: Provide challenging work and growth activities

Management and staff focus groups from the largest and smallest population units, and autonomous units stated this need for improvement. They believe that challenging work and growth activities so lead to more professional and personal development. This includes more opportunities for secondments, leadership roles and for leadership a succession planning.

Appendix A Consultation Design and Methodology

Phase 2 of the Capacity Review Committee's work entailed a series of interviews and focus groups with health unit staff, managers, MOH, CEO, CAO(where appropriate), Board members and local partners *to probe* on specific issues identified by its subcommittees based on the information that had emerged during the Phase 1 survey and their other research activities. The objective of this phase was to gain a deeper understanding of the current issues faced by local public health units and understand their current capacity so as to further inform the work and recommendations of the five CRC sub-committees. The evaluation was conducted between October 13 and December 15, 2005. All 36 Public health Units were included in the stakeholder consultations The list of health units consulted can be found in Appendix D-Table 12 - Detailed PHU Demographics on page 108

Consultation Team

Starfield Consulting put together a team of 9 consultants and a logistics coordinator. Two principal consultants oversaw all components of the project and liaised with the CRC and its representatives. They were assisted by four other team members during the field consultations. These six consultants were then supported by three data management assistants to do the compilation and summarizing of data. The first and second levels of findings were done by the six field consultants and the final reporting of findings was prepared by the two principal consultants.

Design of the consultations

A one-day briefing meeting was held in mid-October with six of the Starfield team members. The purpose of the meeting was to review the project intent and deliverables, and provide context on each of the areas that the five CRC sub-committees were interested in exploring.

Starfield's two principle consultants then met with chairs of each of the sub-committees and the SPIB assigned staff person to clarify their lists of questions. In the one-half to one hour meetings, Starfield asked the subcommittee chairs and staff to clarify their intent in asking the question, and the wording, length and their identification of targeted respondents (which respondent group has expertise and context to provide the most meaningful and useful information). The questions developed were then also reviewed by Dale McMurchy and George Pasut who made the final decision as to the questions to be asked. Some questions were eliminated and others revised based on the priorities of the CRC research and available time for the consultation at each public health unit.

Some questions were asked of only one respondent group while others were asked of multiple groups. If a question was asked of multiple groups it was often framed differently in

order to add clarity for that specific group. It was expected that Starfield would undertake one or more meetings/ interviews with all public health units in Ontario and that medical officers of health and boards of health would be included in these as well as others on an as needed basis. After consultations with the subcommittees, it was decided that leadership (CEO, MOH, CAO, Commissioner of Health and others), board members, management and senior professionals, staff and partners would be consulted in all public health units. Starfield's proposal for the work was that there would be one day on-site visits. Given the number of stakeholders, a proposed schedule for the interviews and focus groups was developed and confirmed. It was agreed that interviews with partners would be conducted by phone.

Each health unit was sent a letter from the Executive Lead, Public Health System Transformation explaining the purpose of the stakeholder consultations as engaging with health unit executive and staff, Board members and local partners for guidance, advice and feedback on public health policy and planning issues within the CRC mandate. The letter also introduced Starfield and requested that a date during November be identified for the on-site health unit consultation process; that a contact person be identified to be the point person to help arrange the visit and to provide support to the Starfield facilitator while on-site; and to contact Starfield by phone as soon as possible with this information.

Consultation Tools

Interview and Focus Group protocols

Draft protocols for the interviews and focus groups were developed based on the approved questions and respondent(s). Leadership, board members and partners had interview protocols and management/senior professionals and staff had focus group protocols. The reason for the two types of protocols was to accommodate difference in numbers between the respondent groups. There were four types of questions asked.

- Most questions were designed to understand participant's views on specific areas of interest for CRC subcommittees.
- A few questions were focused on issues experienced by only handful of health units (e.g. those who had undergone consolidation within the past ten years). These questions were asked to only the applicable Health Units. A general summary was done for these questions.
- A few funding questions required detailed information specific to the health unit. These questions were sent to the health unit prior to the consultation and prepared answers were collected during the MOH/CEO interviews. The health unit responses have been submitted separately and a high level summary is included in this report.
- Two questions were included to get an overall sense of the accomplishments of the public health system as a whole. A summary of these questions has been included at the beginning of the findings section.

Questions were sorted for appropriate flow to better engage conversation and cover similar topics at one time. This was seen as a necessity because of the overlap in interests between

some of the subcommittees' questions. In addition, a suggested on-site agenda and health unit instruction sheet was created (see Appendix H)

A total of 83 questions were included in the data collection process. The CAO and MOH/CEO respondent groups were asked 34 questions; Management and Senior Professionals were asked 33; Board members were asked 32; and staffs were asked 21. Up to three partners per Public Health Unit were also interviewed and they were asked ten questions each. All questions were coded and entered into an excel spreadsheet. A master list of questions and respondent lists of questions were created. See 0 for the master list of questions.

During the first week of November, the overall agenda and question protocols were trialed at four PHUs: Chatham- Kent; Haliburton, Kawartha and Pine Ridge; Grey Bruce; and Waterloo. These initial sites were selected based on their availability within a short lead-time. They also covered a reasonable representation of the demographic interests for the overall system (autonomous/aligned, size, region, leadership, and MOH status).

Based on the feedback from these sessions, some changes to the flow of protocols were made. As well, a triaging of questions for the Medical Officer of Health (MOH) and the Chief Executive Officer (CEO) was done to better distribute leadership questions when there were separate CEO and MOH interviews (one hour allotted for each was not enough time). The redistribution was based on who had the most context to provide meaningful responses. Given the time constraints the information collected from these first units was included in the findings.

Limitations of the protocols

The trial and adjustment of protocols was not intended to be a rigorous field testing of the questions as this was not possible given the timelines for the project. This was considered acceptable given the open-ended nature of the consultations and the type of reporting of findings that had been agreed to during the contracting process.

The development of questions did not follow rigorous research standards. A number of questions were not clearly separated out as two-part questions. Others did not give enough context to ensure comparable responses. And a few were leading questions. Question codes were assigned after field consultations began.

Coding template and theme sheets

All questions were open-ended and generated a tremendous amount of data. In order to manage the volume and type of data that was being gathered, a coding template was developed. Coding is the process of breaking down data into concepts and categories. Open coding involves detailed reading of interview transcripts and the identification of concepts (key words, succinct examples and quotes), which are then grouped as categories (themes). Theme sheets were developed as the tool for the open coding data analysis.

The coding template was based on the type of analysis that had been requested of Starfield: a reporting of themes, patterns, and trends seen in the data. See Appendix I for a copy of the

coding template tool, which was produced in Microsoft Word. The template was designed to link locations where theme descriptors appear in the responses and to include descriptors to ensure that themes were well understood. All themes and descriptors within a response were recorded so that for some locations, opposing themes could be included. It also meant that no level of prioritization could be attributed to responses, which is also a function of the questions asked. What could be seen through this analysis was how often an idea was raised. This could be considered a type of priority but should be considered more of a **"top of mind"** response. Questions would have needed to be framed differently and design of the consultations changed had priorities been sought.

A theme sheet based on the coding template was generated for every question. Questions that were shared between respondent groups were first themed independently. During the first round of data entry into the theme sheets all relevant quotes, key words and succinct examples were captured for all themes. Interview notes from nine health unit's (Chatham-Kent, Durham, Grey Bruce, Halliburton, Kawartha & Pine Ridge, Lambton, Niagara, Perth, Waterloo, Wellington-Dufferin-Guelph) were used in the first round.

The themes and key ideas were then quickly reviewed for each of the theme sheets. For those questions that were asked of multiple respondent groups, the theme sheets were compared and harmonized (same theme sheets created across all respondent groups). No data was discarded during this process; however, it became apparent that the use of theme sheets was not possible for all questions. Some questions generated minimal data while others generated long laundry lists so that approximately 50% of the questions were themed.

This first set of harmonized theme sheets was then used for data input for the next 18 health units. After data entry into the sheets was complete for this set of interviews, the "top" themes were identified. As the work on identifying "top" themes was being done, some inconsistencies in theming were noted and a number of questions were re-themed to address this. Again, the first set of harmonized theme sheets with the exception of the re-themed question sheets were used for theming the final nine health unit's.

A total of 26 theme sheets were developed for MOH/CEO questions; 34 for Board questions; 29 for Management and Senior Professional questions; and, 14 for Staffs questions. For those questions that were asked of multiple response groups, theme column is identical for respondent groups; location and description or keyword columns are not, although description columns are similar because they represent the different stakeholder perspectives on the same theme.

Limitations of the theme sheets

Many people were involved in the development of the theme sheets allowing for a richer but probably less consistent coding of the data. The very aggressive consultation schedule did not permit a rigorous level of quality control. It did, however, allow for a general testing of assumptions and highlighting of patterns around demographic cuts.

Demographic cuts

Although it was possible to identify some of the demographic interests of the CRC subcommittees by reviewing the approved questions, Starfield requested that the demographic foci for the data reporting process be confirmed on November 6. The final cut for the demographics was given on November 11 and included a cut of: 1) autonomous or integrated, 2) combined or separate MOH/CEO; 3) filled or acting MOH, 4) size of PHU and 5) PHU region. Toronto was included in the Central East region to preserve confidentiality. In addition to these five cuts, there was a potential sixth cut, depending on how many respondent groups were asked the same question. Numerical codes were used to identify demographic differences. Each health unit was assigned a location code and with the exception of the respondent codes that changed depending on which respondents were asked a question, all other related demographic codes were linked to each location code. Appendix D Table 3, Table 4 and Table 5 contains the demographic listings.

Limitations of the demographic cuts

Demographics were based on the Province of Ontario Public Health Unit Demographic Data sheet forwarded to Starfield for briefing purposes and what was recommended be used for development of the database. During the preparation of demographic lists for the consultation, it was noted that there were differences in the information reported by health unit's on Acting and filled MOH positions compared to the information used for constructing the database. Given the short timelines and the need to start the data entry before the consultation phase was complete, the information provided by the Ministry (rather than the information collected in the field) was used for the analysis.

Information Collection

One consultant conducted a day long process at each health unit. During that day the MOH (and the CEO if separate) were interviewed for up to 2 hours. In aligned units the CAO, City Manager or equivalent was interviewed for one hour. A management and senior professional focus group was conducted over 2 hours. A staff focus group was run for 2 .5 hours. And a group interview of board members was conducted over 1.5 hours. If needed and to accommodate people who may have to drive long distances, both videoconference and teleconference participants were included.

Focus groups were designed to gather the greatest amount of data in the shortest period of time. Participants were asked to divide into five groups for the first hour and to write up their responses onto flipcharts. This was a brainstorming and not a consensus or prioritization exercise so opposing ideas were included and ideas only appeared once even if they may have been considered by many. Responses during group interviews were also handled in a similar fashion with all ideas being recorded and respondents encouraged to not repeat ideas that had already been covered as the time for questioning was very limited.

The second hour of the focus group was spent as a large group reviewing and adding to flipchart responses. There was also a prioritization exercise that was done for many of the

questions. After consultation with CRC representatives, it was decided that there was no need to include this information in the interpretation of findings.

Responses for interviews were recorded based on field consultants' preferences; some took handwritten notes and transcribed them later; while others typed notes into a laptop during the interview. Responses for focus groups were taken from flipcharts. After each site visit, approximately 30 – 40 pages of interview and flipchart notes were typed and forwarded to Starfield resulting in approximately 1,500 pages of transcribed data after the partner interview notes were added.

Health units made the decision as to who was included in each of the meetings and were asked to provide a cross section of participants for each of the focus groups and board group interview. Instructions were given to refrain from including multiple respondent groups within a meeting in order to protect the confidentiality of these discussions. All participants were guaranteed confidentiality, in that no names would be used in for the report, nor titles or examples that identify an individual.

The MOH was asked to provide the names and contact numbers for three partners to be interviewed separately by phone and at another time. Although it had been planned that there would be three partner interviews for each health unit there were some partners that could not be reached within the short timeframe allowed for data collection.

Limitations of data collection

Given that the data recording and transcription was done by six people and that a tape recorder was not used for interviews, the potential for translating the qualitative data into statistically valid quantitative data was limited. As well, the limited time set for each meeting sometimes required omitting questions so not all respondent groups were asked all questions; fortunately, this did not happen often.

For the most part, the interview and focus group protocols were followed in the same manner at each site. However, there were several anomalies because an adjustment needed to be made to meet the needs of the health unit. For example, in several situations no board members available on the day of the consultation so interviews were conducted by conference call after the site visit. There were several sites where the consultation was done over two days, either to accommodate the health unit's or the consultants' scheduling needs (complexity of travel often influenced this adjustment). There was one site where the Board and MOH insisted on a joint interview, and another site where the MOH and CEO observed the board interview prior to their separate interviews. A few MOH interviews were done by phone. And several interviews exceeded or did not meet the minimum/maximum number of suggested participants.

The potential impact of this process affected responses in that they were sometimes given based on individual agendas rather than questions asked. In other words, the same answer was given regardless of the question asked. This was most often encountered during the Board member interviews.

There was an inconsistency in preparation for consultation days. The CRC Interim Report was posted on November 2 in the evening, which did not allow for the first health unit to review the report prior to its consultation day. It is also unlikely that the next three health unit's had a chance to adequately review the report before their consultation day. The interim report provided an excellent context for understanding protocol questions and as the consultations progressed it was found that respondents had reviewed the interim report as preparation and that this helped to inform some of their responses.

Data management

Confirming the Analysis Plan

The first round of "theming" helped to identify questions where no patterns or trends seemed to be emerging and which would need other approaches for managing and reporting findings. A CRC update meeting was held on November 16 and requested that some changes to the data collection and reporting processes be made.

At this time, questions were being themed and coded for a systemic summary of interview results. Non-attributable quotes or respondent group queries were not part of the original analysis plan. Starfield suggested that a revised plan be produced describing how data from different questions would be treated. It was agreed that there be a review with the executive lead and an increased analysis for certain questions was deemed appropriate given the results to date.

As well, the next week was spent confirming and refining the level of data analysis required for each question. The final analysis plan can be found in Appendix J — Data Analysis Plan

Theme Selection

In general, it was decided that a maximum of ten themes would be used for the demographic and respondent analysis. It was felt that ten would generate enough of an array of information to be considered for this part of the reporting of findings. No themes were eliminated from the overall discussion of findings since the theme sheets were used along with the response frequencies to frame and inform the interpretation of findings.

Some questions did not have as many as ten themes; these questions were usually associated with a single respondent group. For these questions all themes were used. Other questions where seven or eight rather than ten themes are reported is because the next 4-5 themes had the same number of responses and many were associated with only one or two locations. In this case, these themes were not included in the demographic analysis. The questions and most commonly cited themes were entered into an excel spreadsheet. Numerical codes were assigned to themes for each question code.

Limitations of theme selection

Theme selection was done after data collection and transcription was completed in 27 of the 36 health unit's so that data entry could begin. The final ten health unit's consultations were

being done November 25-30. Starfield was requested to provide initial results to the CRC subcommittees December 5, five days after the last consultations. In order to meet this request, data entry needed to begin before the consultation process was completed. It is possible that some of the themes included in the ten may have changed slightly if it had been possible to wait until the completion of the consultation process. Similarly, had only five themes been used for this process, it is likely that no changes would have occurred with the addition of the data from the final health unit consultations. Because the intent of the discussion of findings was to give as rich an overview as possible and because all themes were accounted for in the overall discussion, the use of ten themes for the demographic analysis was maintained. Response rates for the themes should be considered as a general indication of what is top of mind around the issues of concern to the CRC committee.

Data entry and analysis

An excel spreadsheet was designed for data entry. Manual entry of numerical codes was done for location, respondent, question code and theme. Demographic codes linked to each location through formulas (governance, size, leadership, region, MOH status) automatically filled. Data was read from concatenated theme sheets. The final database contained close to 8,000 rows of data.

All fields in the database were translated into numerical entries and then transported into SPSS. Although it was recognized that SPSS was a much more powerful statistical analysis tool than needed it was the program that was most readily available to Starfield and had the capabilities to perform the simple response rate queries needed for the discussion of findings. Cross-tabs were run for all questions based on all demographic cuts. Results were reviewed for only those questions that were identified in the analysis plan. Differences in response rates were used as an indicator to go and more closely review data from the interview notes and report findings accordingly.

Interpretation of Data

Levels of Analysis

Field consultants individually worked on assigned questions and prepared a first level summary of findings. Depending on the question and responses available, the summary took a variety of forms. For some, only quotes and succinct examples were used. For others a listing of types of responses was reported. For others, where the demographic tables were available, these were used to frame the analysis. The first level of analysis was documented and then used to produce a second level of analysis.

The second level of analysis shifted from reporting findings to describing patterns, highlights, emerging issues and outstanding polarities. It was also possible that none of these were present in the findings and interpretation of this was also done. The second level of analysis was also documented.

Both levels of analysis were shared with team members who gave feedback on areas where they thought more exploration of the qualitative data or interpretations should be done. This is what was used to provide feedback to the CRC subcommittees.

Report Compilation

The two principal consultants used the first and second level findings combined with the feedback from the six facilitators to prepare an initial draft of the final report and a presentation to the CRC committee which was given on December 15, 2005.

The initial report findings section was over 200 pages in length and deemed too long to easily digest by either the CRC committee or the wider audience it was intended for. The executive lead for the project agreed that the report should be divided into three sections

- Accountability, Funding and Governance
- Research and Knowledge Transfer
- Health and Human Resources

The principal consultants then used the feedback from the CRC meeting to revise the report ensuring committee member's questions and areas of interest were identified in the findings. The final report was released on January 12, 2006.

Appendix B Interview Questions By Stakeholder

Table 1 — Master List of Questions & their Assigned Codes

Question Code		MOH/CEO/CAO	Board	Management	Staff	Partners
1	What would you say are the three most important accomplishments of your health unit over the past year?	■		■	■	
2	What indicators would best demonstrate the effectiveness of your health unit to the community?	■		■	■	
2	How could you best demonstrate the effectiveness of your health unit to the community?			■	■	
2	What indicators would you use for reporting to the public?			■	■	
3	What performance management tools do you think the province should use to monitor how your health unit fulfills its mandate?	■		■		
4	Has this health unit undergone consolidation with another health unit in the past 10 years? Has it amalgamated?	■	■	■		■
4	How did the consolidation improve your ability to provide public health services in the short and long term?	■	■	■		■
5	How did the consolidation detract from your ability to provide public health services in the short and long term?	■	■	■		■
6	What factors should be considered in determining how and whether to reconfigure public health units?	■	■	■		
7	Do you share any services with other health units, for example, communications, risk assessment, epidemiology, or toxicology? What are they?	■	■	■		
8	What works well?	■	■	■	■	
9	What does not work as well?	■	■			
10	What types of services could be shared or configured differently?	■		■		
11	What is behind the MOH vacancies across the province?	■				
12	What are possible solutions for filling these?	■				
13	What do you think might explain this discrepancy?	■		■		
14	What type of public health experience is critical to being able to effectively carry out the role of the CEO/ED?	■				
15	What has your unit done to successfully attract the "best and the brightest" human resources?	■				
16	What needs to be done to increase your health unit's effectiveness in recruiting and retaining staff?	■	■	■		
16	What additional things do you believe your Board needs to do to support better recruitment and retention of senior staff?		■			
16	What does your health unit need to do to increase its			■	■	

Table 1 — Master List of Questions & their Assigned Codes

Question Code		MOH/CEO/CAO	Board	Management	Staff	Partners
	effectiveness in recruiting and retaining staff?					
17	What approaches have you found most successful in maintaining or improving morale?	■		■		
18	What technical expertise or skills would you like to augment or add to your health unit? Why?	■		■		
19	How have you prepared for a possible public health crisis requiring support from other health units and agencies and the province?	■		■		
20	What else needs to be put in place?	■		■		
21	What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?	■	■	■		
21	What strategies have you found to be most successful in strengthening their leadership qualities and skills?		■			
22	What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?	■		■		
22	What approaches to professional development have been put in place?			■		
22	what has your health unit put in place to support you as a staff member in connecting with your peers within your discipline and your professional development?				■	
23	What else could be done in this regard?	■				
23	What else could be done to better support you in networking and professional development?					
24	What types of activities have you found most helpful in strengthening your skills as a leader?	■		■		
25	What else would support you in your leadership role?	■		■		
26	What would adequate research and knowledge transfer capacity, look like at your health unit?	■		■	■	
27	What would adequate research and knowledge transfer capacity look like at the regional Ministry health planning level?	■		■	■	
27	What is the minimum that the regional grouping needs to provide in order to support your health unit?				■	
27	What collectively should the regional grouping have to provide the minimum support to your work?					
28	What supports for research and knowledge transfer capacity needs to be in place at the provincial level?	■		■	■	
28	What research and knowledge transfer capacity needs to be in place at the provincial level to effectively support your unit?			■	■	
29	What 2-3 improvements in the governance of your health unit would have the greatest impact?	■	■			
30	What do you think should be the key characteristics of such a model?	■	■			
31	What might be the impact of such a change on your Health Unit?	■				
32	Assuming the 75/25 level of funding with either model, what are the advantages ?	■	■			
33	Assuming the 100% level of funding with either model,	■	■	■		

Table 1 — Master List of Questions & their Assigned Codes

Question Code		MOH/CEO/CAO	Board	Management	Staff	Partners
	what are the advantages ?					
34	Assuming the 75/25 level of funding with either model, what are the disadvantages ?	■	■	■		
35	Assuming the 100% level of funding with either model, what are the disadvantages ?	■	■			
36	What sources of funding do you access in addition to municipalities and the province?	■				
37	How much do you get from each source?	■				
38	For what activities?	■				
39	What proportion is each source of your overall budget?	■				
40	Where do you get your internal Human Resources, IT, legal and finance services?	■				
41	How are they funded?	■				
42	How do you determine appropriate charges for these?	■				
43	What local agencies, public health related or other, do you work with most frequently and most effectively?	■		■	■	
43	What local agencies do you work with most frequently?		■		■	
43	What local agencies do you work with most effectively?				■	
44	We will interview 3 Partners, who should they be?	■				
45	Is there any other key issue that you would like to bring to the attention of the CRC?	■	■	■		
46	What does your Board of Health do well in governing of the work of your health unit?		■			
47	What support from the province would help your Board maximize its effectiveness in governing?		■			
48	If funding were 75/25 cost sharing, what would you see as the municipalities'/region's role in decision making?		■			
49	If funding were 100% provincial, what would you see as the municipalities'/regions' role in decision making?		■			
50	What should be put in place to better ensure your health unit is accountable for meeting its program mandate?		■			
51	What role does your Board play in MOH or Senior Staff selection?		■			
52	What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?		■			
53	What support could the province provide with regard to recruitment and retention of senior staff?		■	■		
54	What are the strongest leadership qualities of your health unit's senior staff?		■	■		
54	What are the strongest leadership qualities of the managers and executives in your Health Unit?		■		■	
55	What manager and executive leadership skills would you like to see strengthened in your unit?				■	
56	What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?		■	■		
57	What recommendations would you make on how to ensure Public Health remains a high priority for the public?			■		
58	What municipal or regional staff do you work with most closely?			■		

Table 1 — Master List of Questions & their Assigned Codes

Question Code		MOH/CEO/CAO	Board	Management	Staff	Partners
59	What works well?			■		
60	What could be improved?			■		
61	What does not?			■		
62	What kinds of things would help you to feel more valued?			■	■	
63	What collectively should the regional grouping have to provide the minimum support to your work?			■		
64	Describe a situation where you have felt most valued as an employee of your health unit?			■	■	
65	What would be the best indicators of positive morale and employee satisfaction in a health unit for the both the unit and the province?				■	
66	What are the main factors that keep you and your colleagues working in public heath?			■	■	
67	How could marketing be used to support recruitment and retention and to promote a career in Public Health?				■	
68	What do you have now?				■	
69	Which municipal or regional staff do you work with most closely?				■	
70	What would you like to see improved?				■	
71	Describe the ways in which your organization partners with your local health unit?					■
72	What is working well in your partnerships?					■
73	How are your oganization's needs and interests being addressed through these partnerships?					■
74	How would you describe your organization's communication with your local PHU?					■
75	What would you like to see improved?					■
76	Have you attended a Board of Health meeting in the last year?					■
77	Why or why not?					■
78	What value did you get if you attended?					■
79	What might the impact of such a change be on your municipalities or region?		■			
80	What have you done to succæssfully attract and retain the "best and brightest" senior staff/MOH?		■			
81	Unused					
82	What are the strongest leadership qualities of your health unit's MOH?		■			
82	What are the strongest leadership qualities of your health unit's CEO?		■			
83	What leadership qualities or skills would you like to see strengthened in your senior staff?		■			

Appendix C Interview Questions by CRC Subcommittee Area of Interest

Table 2 - Interview Questions by CRC Subcommittee Area of Interest

Question Code	Question
Subcommittee	
Accountabilities	
2	What indicators would best demonstrate the effectiveness of your health unit to the community?
2	How could you best demonstrate the effectiveness of your health unit to the community?
2	What indicators would you use for reporting to the public?
3	What performance management tools do you think the province should use to monitor how your health unit fulfills its mandate?
50	What should be put in place to better ensure your health unit is accountable for meeting its program mandate?
Funding	
32	Assuming the 75/25 level of funding with either model, what are the advantages ?
33	Assuming the 100% level of funding with either model, what are the advantages ?
34	Assuming the 75/25 level of funding with either model, what are the disadvantages ?
35	Assuming the 100% level of funding with either model, what are the disadvantages ?
36	What sources of funding do you access in addition to municipalities and the province?
37	How much do you get from each source?
38	For what activities?
39	What proportion is each source of your overall budget?
40	Where do you get your internal Human Resources, IT, legal and finance services?
41	How are they funded?
42	How do you determine appropriate charges for these?
Governance	
4	How did the consolidation improve your ability to provide public health services in the short and long term?
5	How did the consolidation detract from your ability to provide public health services in the short and long term?
6	What factors should be considered in determining how and whether to reconfigure public health units?
7	Do you share any services with other health units, for example, communications, risk assessment, epidemiology, or toxicology? What are they?
8	What works well?
9	What does not work as well?
14	What type of public health experience is critical to being able to effectively carry out the role of the CEO/ED?
19	How have you prepared for a possible public health crisis requiring support from other health units and agencies and the province?
20	What else needs to be put in place?
29	What 2-3 improvements in the governance of your health unit would have the greatest impact?
30	What do you think should be the key characteristics of such a model?
31	What might be the impact of such a change on your Health Unit?

Table 2 - Interview Questions by CRC Subcommittee Area of Interest

Question Code	Question
Subcommittee	
43	What local agencies, public health related or other, do you work with most frequently and most effectively?
43	What local agencies do you work with most frequently?
43	What local agencies do you work with most effectively?
47	What support from the province would help your Board maximize its effectiveness in governing?
48	If funding were 75/25 cost sharing, what would you see as the municipalities'/region's role in decision making?
49	If funding were 100% provincial, what would you see as the municipalities'/regions' role in decision making?
58	What municipal or regional staff do you work with most closely?
59	What works well?
60	What could be improved?
61	What does not?
69	Which municipal or regional staff do you work with most closely?
70	What would you like to see improved?
71	Describe the ways in which your organization partners with your local health unit?
72	What is working well in your partnerships?
73	How are your oganization's needs and interests being addressed through these partnerships?
74	How would you describe your organization's communication with your local PHU?
75	What would you like to see improved?
76	Have you attended a Board of Health meeting in the last year?
77	Why or why not?
78	What value did you get if you attended?
79	What might the impact of such a change be on your municipalities or region?
Human Resources	
10	What types of services could be shared or configured differently?
11	What is behind the MOH vacancies across the province?
12	What are possible solutions for filling these?
13	What do you think might explain this discrepancy?
15	What has your unit done to successfully attract the "best and the brightest" human resources?
16	What needs to be done to increase your health unit's effectiveness in recruiting and retaining staff?
16	What additional things do you believe your Board needs to do to support better recruitment and retention of senior staff?
16	What does your health unit need to do to increase its effectiveness in recruiting and retaining staff?
17	What approaches have you found most successful in maintaining or improving morale?
18	What technical expertise or skills would you like to augment or add to your health unit? Why?
21	What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?
21	What strategies have you found to be most successful in strengthening their leadership qualities and skills?
22	What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?
22	What approaches to professional development have been put in place?

Table 2 - Interview Questions by CRC Subcommittee Area of Interest	
Question Code	Question
Subcommittee	
22	What has your health unit put in place to support you as a staff member in connecting with your peers within your discipline and your professional development?
23	What else could be done in this regard?
23	What else could be done to better support you in networking and professional development?
24	What types of activities have you found most helpful in strengthening your skills as a leader?
25	What else would support you in your leadership role?
51	What role does your Board play in MOH or Senior Staff selection?
52	What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?
53	What support could the province provide with regard to recruitment and retention of senior staff?
54	What are the strongest leadership qualities of your health unit's senior staff?
54	What are the strongest leadership qualities of the managers and executives in your Health Unit?
55	What manager and executive leadership skills would you like to see strengthened in your unit?
56	What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?
57	What recommendations would you make on how to ensure Public Health remains a high priority for the public?
62	What kinds of things would help you to feel more valued?
64	Describe a situation where you have felt most valued as an employee of your health unit?
65	What would be the best indicators of positive morale and employee satisfaction in a health unit for the both the unit and the province?
66	What are the main factors that keep you and your colleagues working in public heath?
67	How could marketing be used to support recruitment and retention and to promote a career in Public Health?
68	What do you have now?
80	What have you done to successfully attract and retain the "best and brightest" senior staff/MOH?
82	What are the strongest leadership qualities of your health unit's MOH?
82	What are the strongest leadership qualities of your health unit's CEO?
83	What leadership qualities or skills would you like to see strengthened in your senior staff?
Research and Knowledge Transfer	
45	Is there any other key issue that you would like to bring to the attention of the CRC?
26	What would adequate research and knowledge transfer capacity, look like at your health unit?
27	What would adequate research and knowledge transfer capacity look like at the regional Ministry health planning level?
27	What is the minimum that the regional grouping needs to provide in order to support your health unit?
28	What supports for research and knowledge transfer capacity needs to be in place at the provincial level?
28	What research and knowledge transfer capacity needs to be in place at the provincial level to effectively support your unit?
63	What collectively should the regional grouping have to provide the minimum support to your work?

Appendix D Public Health Unit Demographics Summary

PHU Governance Structure

Table 3 - Autonomous Vs. Integrated PHU Governance Summary	
PHU GOVERNANCE STRUCTURE	
NUMBER OF AUTONOMOUS PHU'S	25
NUMBER OF ALIGNED PHU'S	11

PHU Governance Structure	
Number of Autonomous PHU's	25
Number of Aigned PHU's	11

PHU Geographic Summary

Table 4 - Regional Summary	
REGIONAL SUMMARY	
CENTRALEAST	7
CENTRALWEST	7
EASTERN	6
NORTHEAST	5
NORTHWEST	2
SOUTHWEST	9

PHU Service Population

Table 5 - PHU Population Served Size Summary	
SIZE	#
POPULATION SERVED	
<135,000K	15
135K–299K	9
300K–599K	8
>599K	4

PHU Leadership Summary

Table 6 - PHU Leadership Summary	
Number of Vacant MOH Positions:	1
Number of MOH's interviewed:	27

Table 6 - PHU Leadership Summary	
Number of Acting MOH's interviewed:	8
Both MOH & CEO	21

Appendix E PHU Interviews and Focus Groups Summary

Staff Focus Groups

Table 7 — Staff Focus Group Roles

ROLE	# OF PARTICIPANTS
HEALTH PROMOTION / PLANNING / DEVELOPMENT	51
NURSE	204
PROGRAM SUPERVISOR/COORD/ASSISTANT/ SUPPORT	22
HUMAN RESOURCE ASSOCIATE / RESOURCE COORDINATOR / PROJECT SPECIALIST / COMMUNITY LIAISON	33
DENTAL HYGIENIST	21
DENTAL HEALTH	11
SECRETARY/ADMIN ASSISTANT/CLERICAL	58
COMMUNICATIONS / MARKETING / MEDIA	17
SPEECH/LANGUAGE PATHOLOGIST	4
EPIDEMIOLOGIST	10
DIETICIAN/NUTRITIONIST	28
HEALTH INSPECTOR	73
ANALYST (HEALTH INFORMATION/ENVIRONMENTAL/ POLICY)	7
SYSTEMS SUPPORT TECHNICIAN / IT / LIBRARY	13
CHILD & YOUTH HEALTH / BABY & PARENT PROGRAM (HEALTH BABIES)	10
ACCOUNTING AND FINANCE	6
TOBACCO	4
FAMILY VISITOR / HEALTH EDUCATOR / PERSONAL SUPPORT WORKER / FAMILY HEALTH WORKER	13

Staff Focus Group Years of Service

Table 8 — Staff Focus Group Years of Service

Years of Service	
Less than1 year	11
1-5 years	192
6-10 years	119
11-15 years	79
16-20 years	68
20+ years	116
TOTAL	585

Management Focus Groups

Table 9 — Management Focus Group Roles	
Role	# of Participants
Admin & Human Resources	38
Dental Programs	18
Finance / Accounting / Comptroller	8
Tobacco & Addiction Programs	9
Sexual Health	11
Communicable Disease & Infectious Disease	19
Epidemiologist	20
Chronic Disease/Injury Prevention	14
Program Supervisor/Manager/Director *	52
Health Determinants / Evaluation / Planning / Policy Analyst	15
Family Health and Community Resources	32
Public Health Librarian / Library Services	2
Information Specialist / Records Management / IT	7
Associate/Acting MOH/Acting BAO / Associate Commissioner	12
Immunization & Vaccine Preventable Disease	7
Environmental Health & Lifestyle Resources	48
Marketing/Communications/Media Relations	8
Early Child Development / Healthy Baby	9
Central Resources	2
Population Health	5
Clinical Services	10
Health Promotion	21
Health Protection	14
Health Inspection	6
Child & Youth Services & Health	8
Public Health Nursing & Nutrition	12
Quality Improvement / Continuous Improvement & Strategic Planning	8
Corporate Services / Director, Public Health /Legal Counsel	12
PHRED	3

- Note: As their role, many just indicated "Program Manager", "Program Supervisor", Program Director" or just "Manager" with no further clarification to classify them by – they are incorporated here.

Management Focus Groups Years of Service

Table 10 — Management Focus Group Years of Service	
Management Focus Group Years of Service	
Less than 1 year	9
1-5 years	86
6-10 years	74
11-15 years	61
16-20 years	56
20+ years	144
Total	430

Partner Interviews

Table 11 — Partner Interview Demographics	
PARTNER INTERVIEW DEMOGRAPHICS	
SCHOOLS	16
HOSPITALS	15
COMMUNITY CARE/MEDICAL COMPANIES	28
CHARITIES	4
OTHER	15
TOTAL	78

Appendix F Province of Ontario Public Health Unit Demographic Data

Table 12 - Detailed PHU Demographics					
Locations	Autonomous/ Aligned	Size	Region	Leadership	MOH Status
Algoma	Autonomous	>135,000	Northeast	Same CEO/MOH	Filled
Brant	Autonomous	>135,000	Central west	Different CEO/MOH	Acting
Chatham-Kent	Autonomous	>135,000	Southwest	Different CEO/MOH	Acting
Durham	Aligned	300,000 - 599,999	Central East	Different CEO/MOH	Filled
Eastern Ontario	Autonomous	135,000 - 299,999	Eastern	Same CEO/MOH	Filled
Elgin-St. Thomas	Autonomous	>135,000	Southwest	Different CEO/MOH	Acting
Grey Bruce	Autonomous	135,000 - 299,999	Southwest	Same CEO/MOH	Filled
Haldimand-Norfolk	Aligned	>135,000	Central west	Different CEO/MOH	Acting
Halliburton, Kawartha, Pine Ridge	Autonomous	135,000 - 299,999	Central East	Same CEO/MOH	Filled
Halton	Aligned	300,000 - 599,999	Central west	Different CEO/MOH	Filled
Hamilton	Aligned	300,000 - 599,999	Central west	Different CEO/MOH	Filled
Hastings & Prince Edward Counties	Autonomous	135,000 - 299,999	Eastern	Same CEO/MOH	Filled
Huron	Autonomous	>135,000	Southwest	Different CEO/MOH	Filled
Kingston-Frontenac	Autonomous	135,000 - 299,999	Eastern	Same CEO/MOH	Filled
Lambton	Autonomous	>135,000	Southwest	Different CEO/MOH	Filled
Leeds, Grenville & Lanark District	Autonomous	135,000 - 299,999	Eastern	Different CEO/MOH	Acting
Middlesex-London	Autonomous	300,000 - 599,999	Southwest	Same CEO/MOH	Filled
Niagara	Aligned	300,000 - 599,999	Central west	Different CEO/MOH	Filled
North Bay Parry Sound	Autonomous	>135,000	Northeast	Same CEO/MOH	Filled
Northwestern (Kenora)	Autonomous	>135,000	Northwest	Same CEO/MOH	Filled
Ottawa	Aligned	<599,999	Eastern	Different CEO/MOH	Acting
Oxford	Aligned	>135,000	Southwest	Different CEO/MOH	Acting
Peel	Aligned	<599,999	Central East	Different CEO/MOH	Filled
Perth	Autonomous	>135,000	Southwest	Same CEO/MOH	Filled
Peterborough	Autonomous	>135,000	Central East	Same CEO/MOH	Filled
Porcupine	Autonomous	>135,000	Northeast	Different CEO/MOH	Filled
Renfrew	Autonomous	>135,000	Eastern	Same CEO/MOH	Filled
Simcoe Muskoka	Autonomous	300,000 - 599,999	Central East	Same CEO/MOH	Filled
Sudbury	Autonomous	135,000 - 299,999	Northeast	Same CEO/MOH	Filled
Thunder Bay	Autonomous	135,000 - 299,999	Northwest	Different CEO/MOH	Acting
Timiskaming	Autonomous	>135,000	Northeast	Different CEO/MOH	Acting
Toronto	Aligned	<599,999	Central East	Different CEO/MOH	Filled
Waterloo	Aligned	300,000 - 599,999	Central west	Different CEO/MOH	Filled
Wellington-Dufferin-Guelph	Autonomous	135,000 - 299,999	Central west	Same CEO/MOH	Filled
Windsor-Essex	Autonomous	300,000 - 599,999	Southwest	Same CEO/MOH	Filled
York region	Aligned	<599,999	Central East	Different CEO/MOH	Filled

Appendix G Sample Interview Form

Capacity Review Committee
Board of Health On-site Interview
Research Protocol Script

Greetings & Introductions

- Thank you, on behalf of the Capacity Review Committee, for giving us your time for this interview.

- As you are aware, the Capacity Review Committee was established to meet objectives set out in *Operation Health Protection.* The mandate is to "review the capacity of local public health units and how public health services and programs are delivered across the province. It will advise the government on options to improve the local public health unit systems." The CRC will deliver its report to Ontario's Chief Medical Officer of Health, Sheela Basrur, in early 2006.

- Phase 1 of the Committee's work - surveys of health units, health unit staff and Board members - has been completed and the CRC's interim report is forthcoming.

- **Phase 2 entails a series of interviews and focus groups with health unit staff, Board members and local partners *to probe* on specific issues identified by its subcommittees given the survey results and their other research activities.**

- The Capacity Review Committee has engaged Starfield Consulting to carry out those interviews, focus groups and roundtable discussions and that is why I'm here with you today.

The information sought from you

- We are interviewing members of each Board of Health using the questions developed by the five CRC Sub-Committees and the CRC in consultation with Starfield.

- **The questions pertain to the key issues that the CRC Committees are now pursuing and where they need your individual or collective input or opinions.**

- The CRC recommendations and thus the questions are for the most part focused on the overall Ontario Public Health System, although we acknowledge that your experience of your Unit contributes to your perception of the overall system. There are a few questions where information specific to your health unit would assist the work of the committees.

What will be done with the results?

- **Your answers to these questions will be combined with those of other Board of Health members. Starfield Consulting will synthesise the information** gathered from these interviews and focus groups into a report to be presented to the CRC. The CRC will present a final report to the MOHLTC in early 2006 which will include the findings from these consultations.

- We will be looking for patterns in the responses to the questions as well as strong individual statements.

- Neither your name nor your health unit will be mentioned in relation to your specific answers without your consent.

Confidentiality

- We and the Ministry assure you that **all information gathered will be held in the strictest of confidence.** We (Starfield) will document and store the input to the consultations, and this information will be used for the purposes of this review only. As previously stated, no information will be released or printed that would identify any person by name.

- Your participation today is voluntary

Research Protocol

Timing: The Group Interview should last 1.5 hours

Context Questions – Let's start with some questions about you?

- What are your **roles** on the board?

- **How** did you become a board member?
  - Election (Are you a municipal or regional council member?)
  - Municipal Appointment
  - Provincial Appointment

- It is our understanding that your health unit is a _____ is that correct?
  1. City or Single Tier Health Department
  2. Regional or Upper Tier Health Department
  3. County or District Health Unit

- Is your Board **autonomous** of the city, region or county/district structure or is the **board aligned or embedded** in those structures.

Interview Questions

Context & Question	Com
1. GOVERNANCE STRUCTURE & EFFECTIVENESS	
a. What does your Board of Health do well in governing of the work of your health unit?	
Different types of improvements in public health governance have been suggested as part of the capacity review. For example: • selection of board members based on specified expertise • more orientation of Board members • standardized Board member recruitment practices • greater visibility of the board ***b. What 2-3 improvements in the governance of your health unit would have the greatest impact?***	Gov
c. What support from the province would help your Board maximize its effectiveness in governing?	Gov
The Capacity Review committee is exploring the option of moving, over time, to a more uniform provincial model for governance of Public Health which would differ from the current ones. ***d. What do you think should be the key characteristics of such a model?***	Gov
e. Autonomous Board: What might the impact of such a change be on your municipalities? ***e. Aligned Board: What might the impact of such a change be on your municipality or region?***	Gov
2. FUNDING AND ACCOUNTABILITY	
The CRC is currently considering two possible models for funding health units (75/25 cost sharing, and 100% provincial). ***a. Assuming the same level of funding with either model, what are the advantages and disadvantages of each approach?***	Fund
b. If funding were 75/25 cost sharing, what would you see as the municipalities'/region's role in decision making? ***c. If funding were 100% provincial, what would you see as the municipalities'/region's role in decision making?***	Gov

Submissions to the capacity review have identified that existing accountability structures and tools are inadequate. ***d. What should be put in place to better ensure your health unit is accountable for meeting its program mandate?***	Acnt
3. CONFIGURATION	
a. Has this health unit undergone consolidation with another health unit in the past 10 years? [prompt – has it amalgamated]?	
(only for health units who have been reconfigured – **Toronto, Simcoe-Muskoka, North Bay-Parry Sound, & Grey Bruce**) ***b. How did the consolidation improve your ability to provide public health services in the short and long term?*** ***c. How did the consolidation detract from your ability to provide public health services in the short and long term?***	Gov
The Walker report recommended reconfiguring the public health system. ***d. What factors should be considered in determining how and whether to reconfigure health units?***	Gov
e. Do you share any services with other health units for example, communications, risk assessment, epidemiology, or toxicology? ***f. What works well?*** ***g. What does not work as well?***	Gov
4. RECRUITMENT AND RETENTION	
a. What role does your Board play in MOH or Senior Staff selection?	
b. What have you done to successfully attract and retain the "best and brightest" senior staff? MOH?	HR
(For health units with an acting MOH.) ***c. What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?***	HR
d. What additional things do you believe your Board needs to do to support better recruitment and retention of senior staff?	HR
e. What support could the province provide with regard to recruitment and retention of senior staff?	HR

5. LEADERSHIP	
a. What are the strongest leadership qualities of your health unit's senior staff? MOH? CEO?	HR
b. What leadership qualities or skills would you like to see strengthened in your senior staff?	HR
c. What strategies have you found to be most successful in strengthening their leadership qualities and skills?	HR
d. What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?	HR
6. OTHER	
Is there any other key issue that you would like to bring to the attention of the CRC?	

Closing

Given the short timeframe for initiative and our desire to ensure accuracy, we want to confirm what we have heard at this point. So, I will quickly report back to you what I have heard and recorded in your responses to each section to confirm that I have understood the direction of your comments.

We will be gathering information throughout this month and then submit our report in December.

The CRC is to complete its report in early 2006.

Thank you for your time and active participation.

Appendix H Sample On-site Agenda and Small Group Guide

Leadership & Professional Development

Please self-organize your small group discussion, answer the questions together and prepare a flip chart summary of your response to each question. You will be asked to post the flip charts for review by the group at this session. During your brainstorm or discussion please record your differing views and also clearly mark where you do have agreement in your small group.

A. Decide on Roles

As a group, decide who will play the following roles for this small group work:

Table Group Roles:	
Facilitator:	Initiates group discussion, ensuring that the task is accomplished and that everyone has the opportunity to speak
Time Keeper:	Keeps track of time given to complete the task at hand. Let the group know how much time is left for discussion. You will have 15 minutes.
Recorder	Legibly records group responses to the questions on flip chart.
Reporter:	Reports back to the whole group when called upon.

B. Questions

Ensuing effective leadership and strong professional skill levels has been identified as a challenge facing public health.

a. **What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff? What approaches to professional development have been put in place?**

b. **What approaches has your health unit put in place to support the staff in connecting with peers within their discipline?**

c. **What else could be done in this regard?**

d. **What types of activities have you found helpful in strengthening your skills as a leader?**

e. **What else would support you in your leadership role**

Appendix I Sample Coding Template Tool

MOH/CEO Template for Entering Themes

Respondent: MOH/CEO (1)

Question 1.b What indicators would best demonstrate the effectiveness of your health unit to the community?
Cross Reference Question (2)

Location Code	Theme	Examples, Quotes and Keywords

Appendix J Data Analysis Plan

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
1	MOH 1a Staff 5a Mgmt 1a	***What are three-five most important accomplishments of this last year?*** General analysis based on interview notes Include quotes and dramatic examples
	Governance	
46	Board 1a	***What does your Board of Health do well in governing of the work of your health unit?*** General analysis based on interview notes Include quotes and dramatic examples
29	MOH 6a Board 1b ***Overall Governance***	***What 2-3 improvements in the governance of your health unit would have the greatest impact?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
47	Board 1c ***Overall Governance***	***What support from the province would help your Board maximize its effectiveness in governing?*** Extract themes and code Standard demographic run First & Second levels of analysis
30	MOH 6b Board 1d ***Governance Model***	***What do you think should be the key characteristics of such a model?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
31	MOH 6c ***Governance Model***	***What might be the impact of such a change on your Health Unit?*** Extract themes and code Standard demographic run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
79	Board 1e ***Governance Model***	***What might the impact of such a change be on your municipalities or region?*** Extract themes and code Standard demographic run First & Second levels of analysis
48	Board 2b ***Funding***	***If funding were 75/25 cost sharing, what would you see as the municipalities'/region's role in decision making?*** Extract themes and code Standard demographic run First & Second levels of analysis
49	Board 2c ***Funding***	***If funding were 100% provincial, what would you see as the municipalities'/regions' role in decision making?*** Extract themes and code Standard demographic run First & Second levels of analysis
6	MOH 2d Board 3d Mgmt 2d ***Configuration***	***What factors should be considered in determining how and whether to reconfigure Health Units?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
4 & 5	MOH 2a, 2b Board 3a, 3b, 3c Mgmt 2a, 2b Partner 3a, 3b, 3c ***Configuration***	***Has this Health Unit undergone consolidation with another Health Unit in the last 10 years?*** ***How did the consolidation improve your ability to provide public health services in the short and long term?*** ***How did the consolidation detract from your ability to provide public health services in the short and long term?*** General analysis based on interview notes Extract themes
7	MOH 2d Board 3e Mgmt 2d ***Shared Services***	***Do you share any services with other health units, for example, communications, risk assessment, epidemiology, or toxicology? What are they?*** Extract themes and code Standard demographic run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
8	MOH 2e Board 3f Mgmt 2e ***Shared Services***	***What works well?*** General analysis based on interview notes
9 & 61	MOH 2f Board 3g Mgmt 2f ***Shared Services***	***What does not work as well? OR What does not?*** General analysis based on interview notes
10	MOH 2g Mgmt 2g ***Shared Services***	***What types of services could be shared or configured differently?*** Extract themes and code Standard demographic run First & Second levels of analysis
43	MOH 8a Staff 5c Mgmt 1e ***Partnering***	***What local agencies, public health related or other, do you work with most frequently and most effectively?*** List agencies in order of frequency mentioned General analysis based on interview notes Responses for most frequently and effectively were very poor (not answered by many)
58, 59, 60	Staff 5d Mgmt 1f ***Partnering***	***What municipal or regional staff do you work with most closely?*** ***What works well?*** ***What could be improved?*** List agencies in order of frequency mentioned General analysis based on interview notes Responses for works well and could be improved were very poor (not answered by many)
44	MOH 8b ***Partnering***	***We will interview 3 Partners, who should they be?*** Report demographics of partners interviewed
71	Partner 1a ***Partnering***	***Describe the ways in which your organization partners with your local health unit?*** General analysis based on interview notes
72	Partner 2a ***Partnering***	***What is working well in your partnerships?*** General analysis based on interview notes
73	Partner 2b ***Partnering***	***How are your organization's needs and interests being addressed through these partnerships?*** General analysis based on interview notes

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
74	Partner 2c ***Partnering***	***How would you describe your organization's communication with your local PHU?*** General analysis based on interview notes
75	Partner 2d ***Partnering***	***What would you like to see improved?*** General analysis based on interview notes
76, 77, 78	Partner 4a, 4b ***Partnering***	***Have you attended a Board of Health meeting in the last year? Why or why not?*** ***What value did you get if you attended?*** General analysis based on interview notes
19	MOH 3h Mgmt 3g ***Surge Capacity***	***How have you prepared for a possible public health crisis requiring support from other health units and agencies and the province?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
20	MOH 3i Mgmt 3h ***Surge Capacity***	***What else needs to be put in place?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
14	MOH 3c ***Organization Structure***	***What type of public health experience is critical to being able to effectively carry out the role of the CEO/ED?*** Extract themes and code Standard demographic run First & Second levels of analysis
Accountability / Performance Management		
2	MOH 1b Staff 5b Mgmt 1b ***Performance Management***	***What indicators would best demonstrate the effectiveness of your health unit to the community?*** ***How could you best demonstrate the effectiveness of your health unit to the community?*** ***What indicators would you use for reporting to the public?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
50	Board 2d ***Performance Management***	***What should be put in place to better ensure your health unit is accountable for meeting its program mandate?*** Extract themes and code Standard demographic run First & Second levels of analysis
3	MOH 1c Mgmt 1c ***Performance Management***	***What performance management tools do you think the province should use to monitor how your health unit fulfills its mandate?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
	Funding	
32, 33, 34, 35	MOH 7a Board 2a ***Funding***	***Assuming the same level of funding, what are the advantages of 75/25?*** ***Assuming the same level of funding, what are the advantages of 100%?*** ***Assuming the same level of funding, what are the disadvantages of 75/25?*** ***Assuming the same level of funding, what are the disadvantages of 100?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
36, 37, 38, 39, 40, 41, 42	MOH 7b, 7c ***Funding***	***What sources of funding do you access in addition to municipalities and the province?*** ***How much do you get from each source?*** ***For what activities?*** ***What proportion is each source of your overall budget?*** ***Where do you get your internal Human Resources, IT, legal and finance services?*** ***How are they funded?*** ***How do you determine appropriate charges for these?*** High level summary (actual responses handed into subcommittee)
	Research and Knowledge Transfer	
26	MOH 5a Staff 4a Mgmt 5a ***Research and Knowledge Transfer***	***What would adequate research and knowledge transfer capacity, look like at your health unit?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
68	MOH 5a Staff 4a Mgmt 5a ***Research and Knowledge Transfer***	***What do you have now?*** This question was mostly ignored as it was asked within previous question –not able to report on it
27, 63	MOH 5b Staff 4b Mgmt 5b ***Research and Knowledge Transfer***	***What would adequate research and knowledge transfer capacity look like at the regional Ministry health planning level?*** ***What is the minimum that the regional grouping needs to provide in order to support your health unit?*** ***What collectively should the regional grouping have to provide the minimum support to your work?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
28	MOH 5c Staff 4c Mgmt 5c ***Research and Knowledge Transfer***	***What supports for research and knowledge transfer capacity needs to be in place at the provincial level?*** ***What research and knowledge transfer capacity needs to be in place at the provincial level to effectively support your unit?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
	Human Resources	
51	Board 4a ***MOH and Senior Staff Recruitment and Retention***	***What role does your Board play in MOH or Senior Staff selection?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
11	MOH 3a ***MOH and Senior Staff Recruitment and Retention***	***What is behind the MOH vacancies across the province?*** Extract themes and code Standard demographic run First & Second levels of analysis
12	MOH 3a ***MOH and Senior Staff Recruitment and Retention***	***What are possible solutions for filling these?*** Extract themes and code Standard demographic run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
13	MOH 3b ***Recruitment and Retention***	What do you think might explain this discrepancy? Extract themes and code Standard demographic run First & Second levels of analysis
52	Board 4c ***MOH and Senior Staff Recruitment and Retention***	***What are the main reasons why your health unit has an acting MOH rather than a permanent MOH?*** Extract themes and code Standard demographic run First & Second levels of analysis
53	Board 4e ***MOH and Senior Staff Recruitment and Retention***	***What support could the province provide with regard to recruitment and retention of senior staff?*** Extract themes and code Standard demographic run First & Second levels of analysis
82	Board 5a ***Leadership***	***What are the strongest leadership qualities of your health unit's senior staff? MOH? CEO?*** Extract themes and code Standard demographic run First & Second levels of analysis
54	Staff 3a ***Leadership***	***What are the strongest leadership qualities of the managers and executives in your Health Unit?*** Extract themes and code Standard demographic run First & Second levels of analysis
83	Board 5b ***Leadership***	***What leadership qualities or skills would you like to see strengthened in your senior staff?*** Extract themes and code Standard demographic run First & Second levels of analysis
55	Staff 3b ***Leadership***	***What manager and executive leadership skills would you like to see strengthened in your unit?*** Extract themes and code Standard demographic run First & Second levels of analysis
56	Board 5d ***Leadership***	***What plans do you have or would you like to see implemented to strengthen leadership in your Health Unit?*** Extract themes and code Standard demographic run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
64	Staff 1a Mgmt 3a ***Being & Feeling Valued***	***Describe a situation where you have felt most valued as an employee of your health unit?*** General analysis based on interview notes Include quotes and variety of examples
62	Staff 1b Mgmt 3b ***Being & Feeling Valued***	***What kinds of things would help you to feel more valued?*** Extract themes and code Standard demographic run First & Second levels of analysis
65	Staff 1c ***Being & Feeling Valued***	***What would be the best indicators of positive morale and employee satisfaction in a health unit for the both the unit and the province?*** Extract themes and code Standard demographic run First & Second levels of analysis
17	MOH 3f ***Being & Feeling Valued***	***What approaches have you found most successful in maintaining or improving morale?*** Extract themes and code Standard demographic run First & Second levels of analysis
66	Staff 2a Mgmt 3c ***Recruitment and Retention***	***What are the main factors that keep you and your colleagues working in public heath?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
80	Board 4b ***Recruitment and Retention***	***What have you done to successfully attract and retain the "best and brightest" senior staff/MOH?*** Extract themes and code Standard demographic run First & Second levels of analysis
15	MOH 3d ***Recruitment and Retention***	***What has your unit done to successfully attract the "best and the brightest" human resources?*** Extract themes and code Standard demographic run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
81	Board 4d ***Recruitment and Retention***	***What additional things do you believe your Board needs to do to support better recruitment and retention of senior staff?*** Extract themes and code Standard demographic run First & Second levels of analysis
16	MOH 3e Staff 2b Mgmt 3e ***Recruitment and Retention***	***What needs to be done to increase your health unit's effectiveness in recruiting and retaining staff?*** ***What does your health unit need to do to increase its effectiveness in recruiting and retaining staff?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
18	MOH 3g Mgmt 3f ***Recruitment and Retention***	***What technical expertise or skills would you like to augment or add to your health unit? Why?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
67	Staff 2c ***Recruitment and Retention / Public Profile***	***How could marketing be used to support recruitment and retention and to promote a career in Public Health?*** Extract themes and code Standard demographic run First & Second levels of analysis
57	Mgmt 1d ***Public Profile***	***What recommendations would you make on how to ensure Public Health remains a high priority for the public?*** Extract themes and code Standard demographic run First & Second levels of analysis
21	MOH 4a Board 5c Mgmt 4a ***Professional Development***	***What types of activities have you found helpful in strengthening the skills and abilities of your health unit's management and staff?*** ***What strategies have you found to be most successful in strengthening their leadership qualities and skills?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis

Question Code	Question number(s) on Protocol(s)	Analysis Approach per Question
22, 23	MOH 4b, 4c Staff 3c, 3d Mgmt 4b, 4c ***Professional Development***	***What approaches has your health unit put in place to support your staff in connecting with peers within their discipline?*** ***What approaches to professional development have been put in place?*** ***What has your health unit put in place to support you as a staff member in connecting with your peers within your discipline and your professional development?*** ***What else could be done in this regard? What else could be done to better support you in networking and professional development?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
24	MOH 4d Mgmt 4d ***Professional Development***	***What types of activities have you found most helpful in strengthening your skills as a leader?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
25	MOH 4e Mgmt 4e ***Professional Development***	***What else would support you in your leadership role?*** Extract themes and code Standard demographic run Respondent run First & Second levels of analysis
45		***Is there any other key issue that you would like to bring to the attention of the CRC?*** General analysis based on interview notes