What We Heard

A Conference Overview for "Leading Change: Building On Our Vision For Healthy Communities"

Labrador-Grenfell Health Western Health Central Health Eastern Health

Background

The Leading Change conference was developed through collaboration between the province's four governing Regional Health Authority Boards—Eastern, Central, Western and Labrador-Grenfell—to engage participants in discussions around two critical themes impacting the healthcare system in Newfoundland and Labrador.
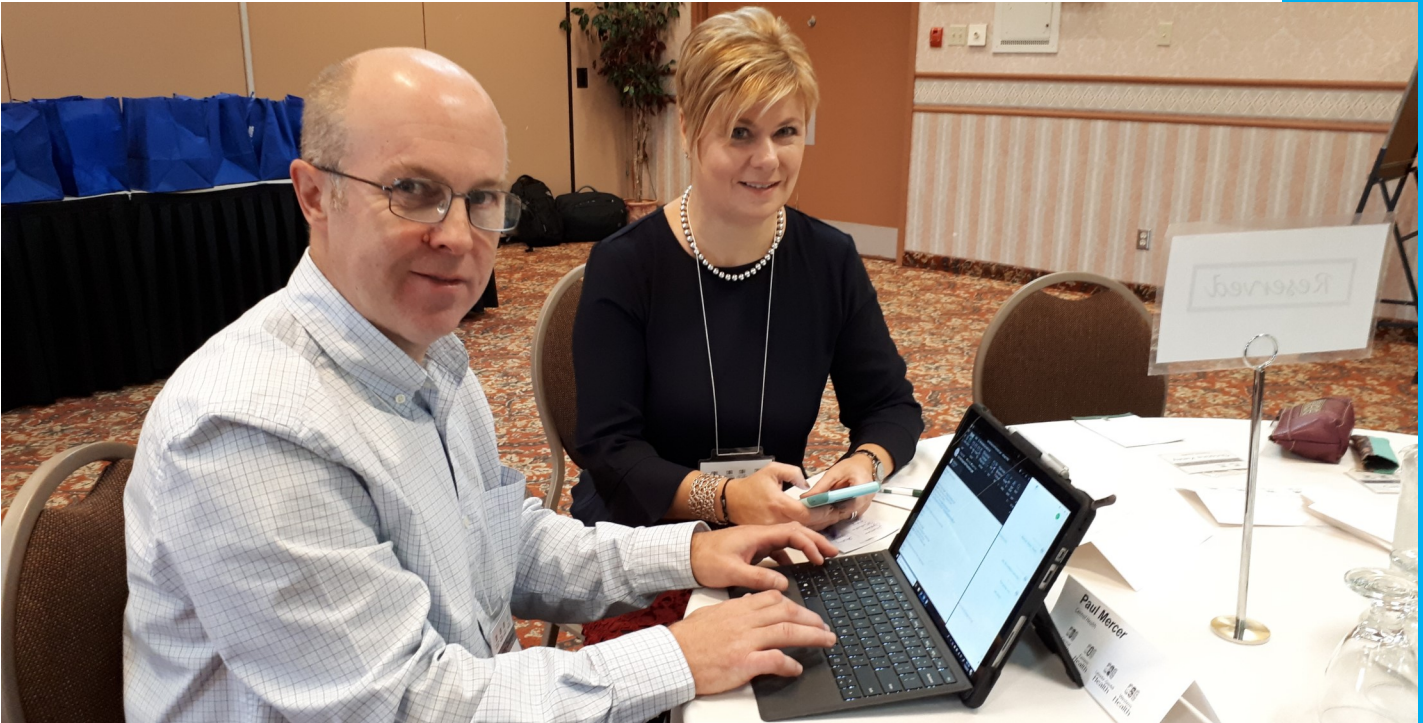

The two themes, *Good Governance* and *Population Health* were selected principally because they underpin the complexity of frequent challenges faced by the regional health authorities in our province.

A pre-planning session for this conference was held in St. John's in May 2019 where representatives of the Department of Health and Community Services, Faculty of Medicine and Regional Health Authorities (RHAs) explored both topics. The group discussed concepts, goals and potential outcomes to guide the conference planning. The overarching goal was to convene a broad group of allied health organizations, community coalitions and related agencies to begin collaborative dialogue, deepen awareness and strengthen commitment to partnership to proactively advance these imperatives.

The **Leading Change: Building On Our Vision For Healthy Communities** Conference marked the first collaborative effort between the province's health boards to address these challenges.

Methodology and Approach

A Board Conference planning committee formed in September 2019 to plan the Regional Health Authorities Board Conference that took place in Gander, NL on November 5 and 6, 2019.

The conference used interactive sessions featuring plenary speakers, panels, round tables, group discussions and feedback summaries to maximize exchange of ideas and conferences outcomes.

Day one focused on Good Governance and day two featured deliberations on Population Health. Day one was intended for a more focused group of participants while day two was designed primarily for a broader group. However, any and all participants were welcomed and encouraged to contribute to the interactive dialogue on both days.

The Public Engagement and Planning Division (PEPD) participated in the Board Conference Planning Committee and provided guidance and support with question design, engagement session design, facilitation support, and data analysis. The PEPD also participated and provided leadership and guidance throughout the conference.

Conference Participants

- Central Health

- Eastern Health

- Labrador-Grenfell Health

- Western Health

- Canadian Institution for Health Information

- College of Physicians and Surgeons

- College of the North Atlantic

- Department of Advanced Education, Skills and Labour

- Community Advisory councils

- Faculty of Medicine

- Provincial Health Foundations

- Homewood Health

- Home Support Agencies

- Independent Appointments Commission

- Indigenous Groups

- Institute of Corporate Directors

- Newfoundland and Labrador Centre for Health Information

- Newfoundland and Labrador English School District

- NL Medical Association

- Patient Advisors

- Pharmacies Associations of NL

- Physicians

- Professional Association for Nursing

- Public Service Committee

- Public Health Association

- Quality Living Alliance

- Royal Newfoundland Constabulary

- Registered Nurses Union NL

- Association of Allied Health Professionals

- Workplace NL

- Various Committee Members

Day 1: Good Governance

The following is an overview of the round-table discussions held on Day 1 of the conference. Included is an analysis of participant discussion and feedback throughout the day. More information can be found [here](#).

Presenters

Dr. Peter Vaughan, Board Chair, Canada Health Infoway

Dr. Vaughan identified the preparation required for health care boards to address local and regional health challenges in health care governance, including Trustee responsibilities, accountabilities and integrated risk management.
Click here to see the full presentation.

Jane Pardy, Flow Consulting

Pardy reinforced the skill sets, experience and knowledge needed to be an effective Trustee. This included contributions required to engage and work collaboratively with other Trustees to build strong governance.

George Joyce, Chair and CEO of the Public Service Commission
Earl Ludlow, Chair of the Independent Appointments Commission

Joyce and Ludlow provided an overview of the Independent Appointments Commission and the mechanisms through which Board Members are recruited. They also delivered practical skills for Trustees to support succession planning within their Boards.

What are the biggest governance issues/challenges experienced by health care boards and trustees?

- What have you observed/experienced as someone supporting a health care board? As a Board Trustee?
- Did you know before you joined the board what you were responsible for?
- What do you know now that you wish you had known then?

Orientation
Increased orientation to board structure and operations needed to better understand the role of the board, especially if coming from outside the health sector. Orientation and training would improve support and help members understand the difference between operations and governance.

Time Commitment
Need for better understanding of the time commitments and responsibility for board meetings and committees. Consideration of meetings at different locations across a large geographical area and the additional time required.

Recruitment of Board Members
The lengthy recruitment process makes it difficult to attract people. As a result, there needs to be a stronger provincial focus on succession planning.

Board Diversity
Need to broaden the scope to include Indigenous representation, gender equity, people with varying expertise (wider professional inclusion), youth and seniors (new ideas vs. experience) - representative of the population.

Professional Development
Enhance education, training and resources for Board Members.

How can we overcome these challenges?
Who should be responsible for each action?

(i.e. individual, board, collaborative - who should be involved in the collaborative?)

Provincial Orientation

Build a robust collaborative process committee with Regional Health Authority (RHA) and the Department of Health and Community Services representatives and experienced board members. A letter from the Minster's office could include standard materials and a consistent onboarding package for all RHAs (committee with RHA rep and Department of Health and Community Services rep, experienced board members). Standardized training/orientation (Department of Health and Community Services in collaboration with the Board).

Education plans

Develop trustee education plan on governance (Board of Trustees with support from RHAs and government).

Mentorship

Explore mentorship opportunities and expertise from external resources if there is a need identified by the Boards.

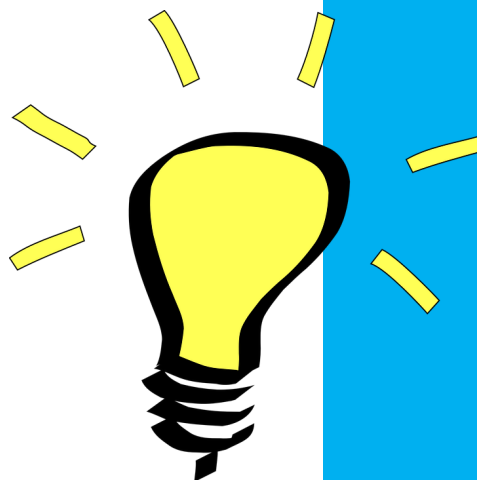## Annual Provincial Meetings

Hold an annual provincial conference (RHA's and Department of Health and Community Services working in collaboration).

Training Availability

Virtual tools; online training, ICD education; peer mentorship; orientation by Executive Team; performance check-ins; trustee evaluations (Board Chair and CEO, Minister/Deputy Minister, ICD) should be available to enhance learning and skills. Education sessions for the general public – so people know what they are applying for (Department of Health and Community Services with RHAs).

What should an onboarding/professional development program include?

- Institute for Corporate Director's (ICD) training
- Overview of appropriate Acts, legislation and by-laws
- Information on differences between operational requirements and board governance
- Risk management and liability
- Media relations training
- How to establish a mentorship model
- Enhance understanding of credentialing process
- Increase awareness of patient safety legislation
- Independent Appointments Commission (IAC) programs and services
- Deliver orientation and onboarding programs virtually or in an online learning environment
- Ethics/Conflict of Interest

What other actions should the regional health authorities' boards pursue collectively to strengthen governance throughout the province?

Matrix Development
Develop core competency matrix for board officials to ensure consistency and standardization of skills, abilities and attributes.

Partnerships
Partner with a wide range of organizations, such as the Institute for Corporate Directors, the Independent Appointments Commission and government departments for training and development opportunities.

Legislative
Have a voice and influence over legislative amendments in 2021, and have annual meeting/periodic, regular meetings with the Minister of Health and Community Services.
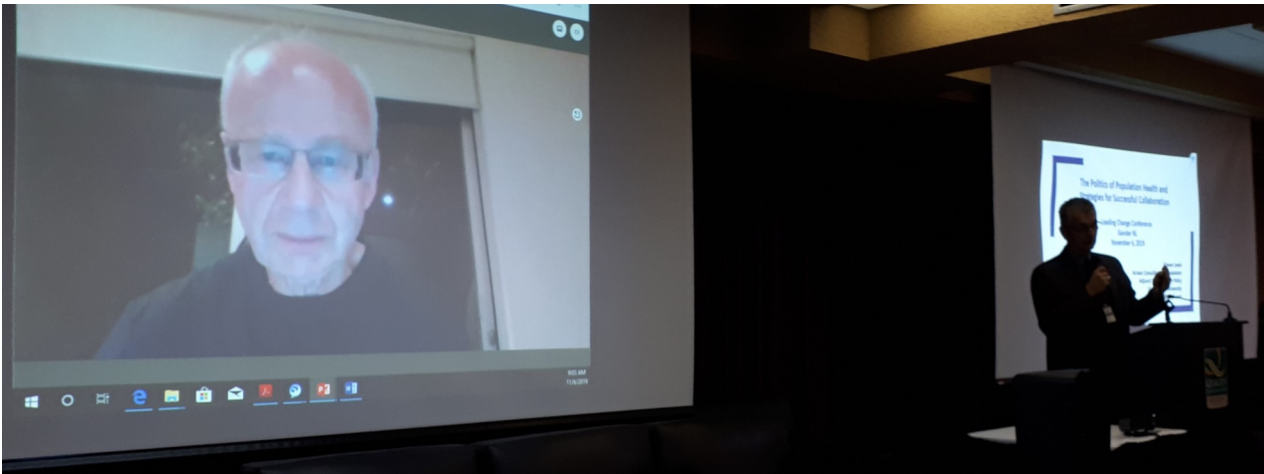
Succession Planning
Develop and implement a recruitment strategy, work with Independent Appointments Commission.

Day 2: Population Health

The following is an overview of the round-table discussions held on Day 2 of the conference. A complete account of what was said can be found [here](#).

Presenters

Steven Lewis, Health Policy and Research Consultant,
Adjunct Professor of Health Policy at Simon Fraser University
Joining via videoconference, Lewis brought a health policy perspective to facilitate a deepened understanding of the critical challenges and opportunities related to population health. His extensive experience as a health policy analyst, strategic planner, facilitator, health services researcher and applied health research manager provided insights into the underlying issues and urgent need for the leadership and cultural shift which would enable system transformation.
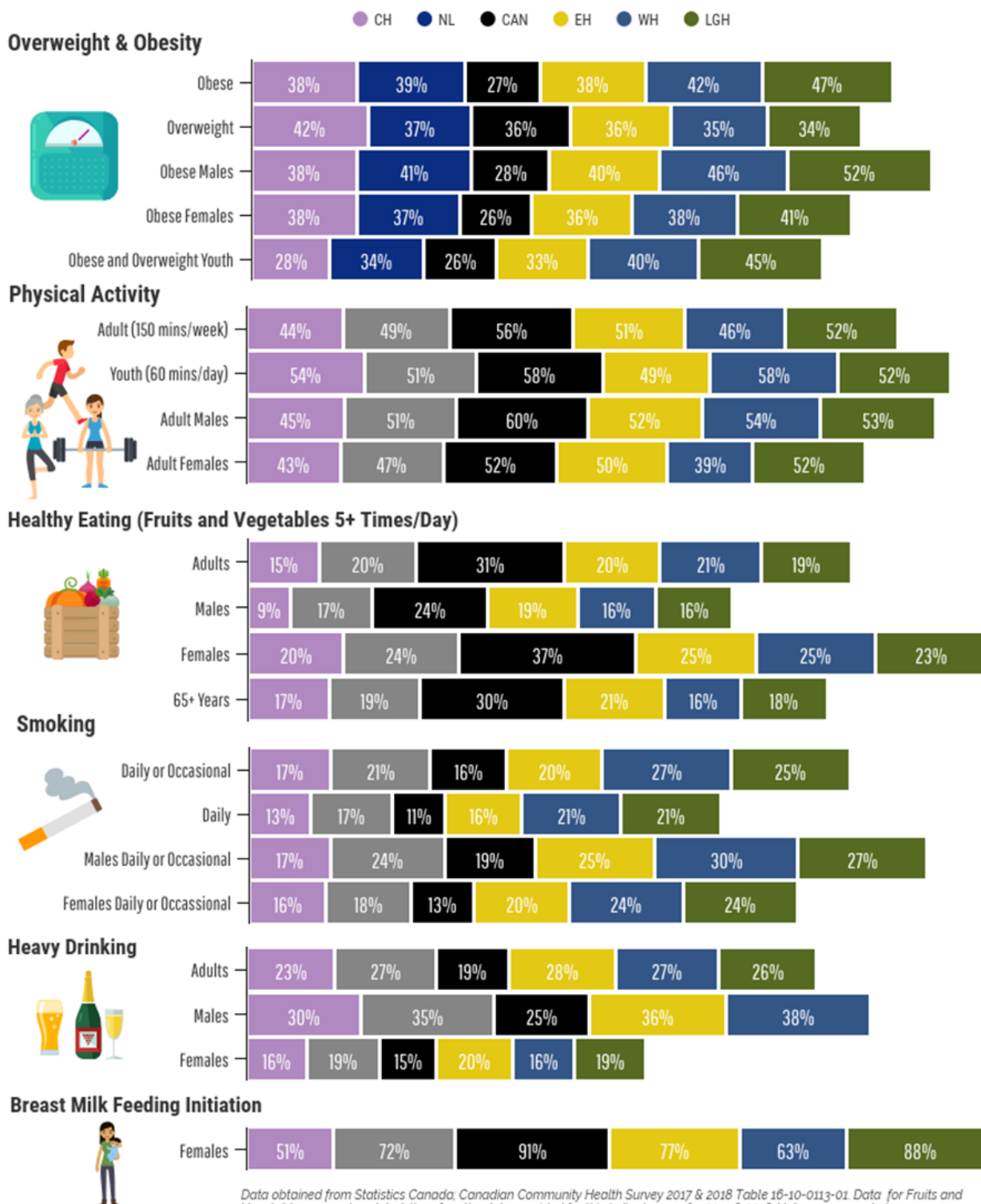**Click here to see the full presentation.**

Vice Presidents of NL Regional Health Authorities
The Vice Presidents shared population health overviews as initiatives within their respective regions, Newfoundland and Labrador and Canada (see page 10). They also presented on the determinants of health within Canada. The presentations built networks of interactive dialogue, shared ideas, best practices and encouraged open discussion to develop strategic health opportunities for the province.
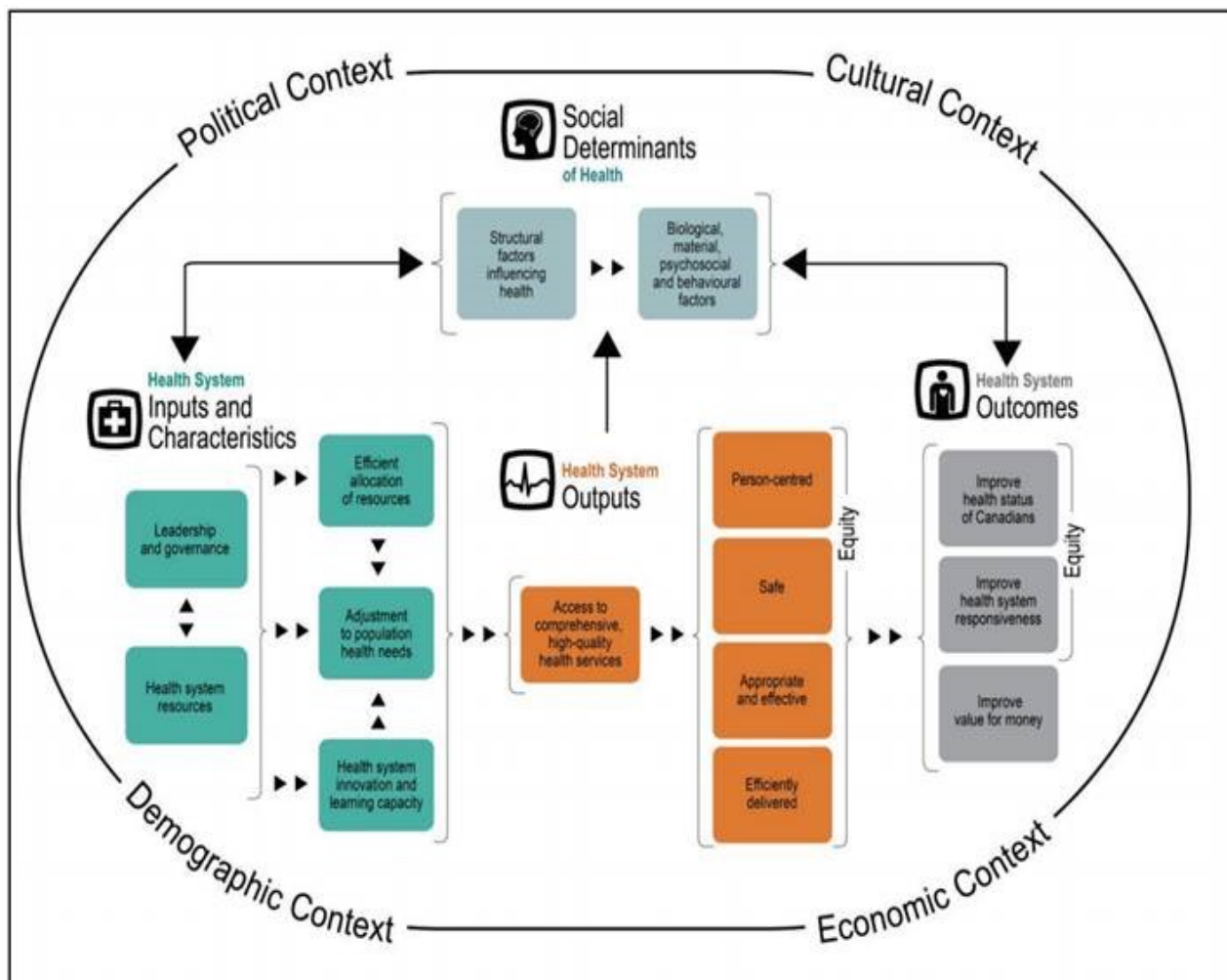
Wellness and Health Behaviour Indicators

The following information provides an overview of some wellness and health behaviour indicators for the province's Regional Health Authorities, Newfoundland and Labrador, and Canada. These self-reported statistics were obtained through Statistics Canada's Canadian Community Health Survey 2017 and 2018.

Legend: ● CH ● NL ● CAN ● EH ● WH ● LGH

Overweight & Obesity

	CH	NL	CAN	EH	WH	LGH
Obese	38%	39%	27%	38%	42%	47%
Overweight	42%	37%	36%	36%	35%	34%
Obese Males	38%	41%	28%	40%	46%	52%
Obese Females	38%	37%	26%	36%	38%	41%
Obese and Overweight Youth	28%	34%	26%	33%	40%	45%

Physical Activity

	CH	NL	CAN	EH	WH	LGH
Adult (150 mins/week)	44%	49%	56%	51%	46%	52%
Youth (60 mins/day)	54%	51%	58%	49%	58%	52%
Adult Males	45%	51%	60%	52%	54%	53%
Adult Females	43%	47%	52%	50%	39%	52%

Healthy Eating (Fruits and Vegetables 5+ Times/Day)

	CH	NL	CAN	EH	WH	LGH
Adults	15%	20%	31%	20%	21%	19%
Males	9%	17%	24%	19%	16%	16%
Females	20%	24%	37%	25%	25%	23%
65+ Years	17%	19%	30%	21%	16%	18%

Smoking

	CH	NL	CAN	EH	WH	LGH
Daily or Occasional	17%	21%	16%	20%	27%	25%
Daily	13%	17%	11%	16%	21%	21%
Males Daily or Occasional	17%	24%	19%	25%	30%	27%
Females Daily or Occassional	16%	18%	13%	20%	24%	24%

Heavy Drinking

	CH	NL	CAN	EH	WH	LGH
Adults	23%	27%	19%	28%	27%	26%
Males	30%	35%	25%	36%	38%	
Females	16%	19%	15%	20%	16%	19%

Breast Milk Feeding Initiation

	CH	NL	CAN	EH	WH	LGH
Females	51%	72%	91%	77%	63%	88%

Data obtained from Statistics Canada; Canadian Community Health Survey 2017 & 2018 Table 16-10-0113-01. Data for Fruits and Vegetables was not updated, therefore the data provided for this indicator was for 2015 & 2016. Values are rounded up.

Determinants of Health

There are a number of factors that influence population health. In addition to individual influences such as genetics and lifestyle choices, there's a broad range of determinants of health that are key to health outcomes. According to the Government of Canada, the main determinants of health are: income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, Access to health services, biology and genetic endowment, gender, culture, and race / racism.

Social determinants of health are defined as "a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups."

Source
Canadian Institute for Health Information. *A Performance Measurement Framework for the Canadian Health System*. Ottawa, ON: CIHI; 2013.

How can we raise awareness of population health issues in NL to activate a call for change or action?

Establish Partnerships
Responsibility cannot rest exclusively with the Department of Health and Community Services and the regional health authorities. A multi-agency/holistic approach is critical to influencing change. Community Advisory Councils are well positioned to support health and wellness at the local and community levels. Adopt a global perspective to managing population health. Grassroot stakeholders (municipalities, community service groups, health coalitions, provincial organizations, etc.) engaging and participating is key. For example, offer a 'Healthy Communities' award that comes with recognition and incentives.

Introduce early
Greater emphasis on healthy living and wellness should be introduced early in the school system to focus on youth.

Understandable content
Facilitate plain language discussion on population health to ensure everyone is on the same page with respect to understanding. This requires consistent messaging and approach from all RHAs.

Be inclusive
Be mindful of marginalized and disadvantaged populations and ensure they are targeted for support. Focused, targeted activities at the local level is imperative.

Developed Media Strategy
Coordinate a media strategy that offers comprehensive and consistent messaging throughout the province. Build awareness through strategic communication campaigns.

Keep informed
Collect baseline data through individual surveys or focus groups and report back to the community.

How can we help people to change their behaviours to support better health and wellness?

Innovative methods
Develop creative and innovative methods to connect with and communicate with youth. Get communities involved.

Facilitate community assessment needs
Create age-friendly, accessible and outdoor healthy living options to support physical wellness, i.e. food access (community gardens) and activity space that provide both indoor and outdoor healthy living options.

Education and programming
Develop comprehensive education and awareness building programs for all age groups on how to improve health and wellbeing. Increase the presence of healthy living programming in the school system.

Technology
Use technology to promote health and wellness initiatives at the community level but also as a tool to reach rural and remote citizens to engage them in the conversation.

Create a baseline
Collect evidence-based research, baseline data and indicators of health and share back with community. Design actions plans that are achievable and realistic to effect change.

Think long-term
Create a long-term vision and strategy to effect change. Develop a framework, standards and indicators and monitor change.

How can we work together to develop and implement strategies to improve health and wellness in NL?

Collect
Capture data and generate reports on state of health and wellbeing. Partner with established community groups to collect data and utilize the collective impact model.

Develop
Create a steering committee of RHA CEO's and Community Advisory Council chairs within each of the regional health authorities to develop a strategic plan, outline goals and targets. Have a population health report compiled to include regional breakdowns.

Take Action
Create a committee with representatives from all parties to address population health. Communicate new strategies and approaches in a clear and consistent manner.

Proactive Emphasis
Greater emphasis on proactive versus reactive approaches to managing health and wellbeing (education, awareness, programming).

Next Steps

Using input collected at the Conference, the Regional Health Authorities' (RHA) Board Chairs reconvened to develop a series of recommendations to support stronger Governance and Population Health in Newfoundland and Labrador.

Leadership and Governance

Trustee Onboarding and Orientation

1. RHAs lead in the development of a standard orientation program for all health board trustees, allowing each Board the flexibility to tailor the orientation to the uniqueness of each region.

2. RHAs to pair newly appointed Board Trustees with more experienced Trustees for mentorship and support.

3. RHAs lead in the development of a Handbook for Board Trustees, including such topics as legislative frameworks, roles and responsibilities, time commitment, travel, as well as other duties and expectations.

Trustee Education and Training

4. RHAs lead in the development and implementation of a comprehensive program of regular ongoing education and training opportunities for all Trustees; in keeping with Accreditation recommendations under governance standards.

5. RHAs enroll Trustees in the Institute of Corporate Directors (ICD) and in addition explore other opportunities to participate in relevant training programs.

Trustee Recruitment:

6. RHAs lead in the development of a Core Competency Matrix as a guide to assessing and determining each Board's competency needs.

7. RHAs take an appropriate role in recruiting potential board members in response to the specific needs of the respective regions.

8. RHAs work collaboratively with the Independent Appointments Commission (IAC) in publicly promoting opportunities to serve on regional health boards, and develop a mechanism to provide input and guidance regarding the process of trustee recruitment.

Collaboration

9. RHA Chairs continue to meet on a regular basis to discuss matters of mutual interest, share best practices and meet with the Minister of Health and Community Services when needed.

10. RHAs to convene an annual Provincial Health conference in collaboration with allied partners. Preparation for this conference will involve a pre-conference session of Board Chairs, Trustees, senior health officials from the respective RHAs and Department of Health and Community Services and other appropriate partners.

Population Health

Community Advisory Committees

11. RHAs establish and support appropriate policies, and provide guidance and structure to strengthen of effective Community Advisory Committees (CAC) throughout respective regions.

12. RHAs strengthen our commitment to CACs as a key entity in building strong diverse partnerships with Municipalities, schools, the general public and all users of the system.

13. RHAs in collaboration with the Newfoundland and Labrador Center for Health Information (NLCHI) and other partners, explore opportunities to further utilize technology to engage individuals, groups and communities around healthy living.

14. RHAs promote and encourage CACs to focus on the "Social Determinants of Health (SDH)" as a framework in formulating strategies, planning for new initiatives and provide training as necessary.

15. RHAs in collaboration with CACs develop a program recognizing and profiling individuals and families who have demonstrated real positive lifestyle changes and have transformed their lives through personal health improvement practices.

Provincial Population Health Committee

16. RHAs engage and collaborate with the Department of Health and Community Services to explore the feasibility of establishing a Provincial Committee with the purpose of developing strategies for improving population health.

17. RHAs engage and collaborate with the Department of Health and Community Services and other partners, in the development, launching, and supporting a public awareness campaign. This campaign will highlight comparative data to show the health and behavior choices made by our citizens and promote best practices, programs and services designed to improve the health and wellbeing of our population.

18. RHAs engage and collaborate with the Department of Health and Community Services and other partners, and commit to the development of multimedia productions, based on best practices; to promote the benefits of community initiatives, in efforts to improve overall population health.

Provincial Government/ RHAs Program of Incentives:

19. RHAs engage with the Department of Health and Community Services and other partners, with a goal to explore the benefits of increasing incentives for municipalities and community groups to be more proactive, supportive and innovative around primary health care initiatives, in keeping with Governments vision for "Health in all Policies."

20. RHAs engage with the Department of Health and Community Services, related Government Departments and other partners, to work collaboratively to develop an annual leadership awards program, recognizing individuals, groups and Municipalities who foster and encourage greater uptake in healthy living initiatives.