TORONTO STAFF REPORT

February 9, 2004

To: Board of Health

From: Dr. Sheela V. Basrur, Medical Officer of Health

Subject: Interim Evaluation of Local Health Committees (LHC)

Purpose:

To report on the interim evaluation of the Local Health Committees at the end of their first term, as requested at the February 14, 2001 meeting of the Board of Health.

Financial Implications and Impact Statement:

There are no financial implications.

Recommendations:

It is recommended that:

(1) the Board of Health adopt the revised Terms of Reference for the Local Health Committees; and

(2) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

At the February 14, 2001 meeting, the Board of Health requested that the Medical Officer of Health develop and implement an evaluation model for Local Health Committees (LHCs), and present an evaluation report to the Board of Health. This report is in response to that request.

Comments:

The establishment of the local health committees was undertaken to enable the Board of Health to meet its objective stated in the report, "Community Consultation for Public Health" (May 1999), which is "to provide a deeper level of citizen participation in our strategic change process, as well as deepening our ability to identify public health issues on a local basis". The mandate for LHCs was to provide advice to the Board of Health on policies, priorities and programs to address local and emerging health needs.

An extensive outreach process across the City invited community residents, staff and volunteers from agencies representing Toronto's diverse communities to participate on LHCs. Members were appointed to all local health committees by the Board of Health through the Nominating Subcommittee of the Board, and the six LHCs began to meet in early 2002.

A small working group, including LHC members and TPH staff, developed an evaluation framework for LHCs which was focussed on process rather than specific activity outcomes. This focus on process was based on the relatively short time that the committees have been meeting, the complexity of their work and the interruptions experienced by many sectors in the City during the SARS outbreaks in 2003. A fuller evaluation will be conducted at the end of the LHCs' second term.

The components of the evaluation framework were: Terms of Reference, including roles, responsibilities and reporting mechanisms to the Board of Health; membership; orientation and development; planning processes; and group experiences.

A combination of group discussions within each local health committee and individual questionnaires captured the views of almost 75% of the local health committee membership, excluding staff.

Key Learnings:

a) Terms of Reference

Most LHC members found the initial terms of reference to be very broad, as LHCs struggled to define their role. In addition, the mechanisms for taking motions forward to the Board of Health in a timely fashion were unclear. The participants found that three to four meetings per year was not sufficient and in fact many LHCs met monthly throughout the year, excluding the summer months.

There is strong support from the LHCs for revision to the Terms of Reference. Roles and responsibilities need clarification with respect to their advisory capacity plus there is a need for standard processes for communication with the Board of Health and linkages with community groups.

The working group has revised the Terms of Reference, in consultation with LHC members (Appendix 1).

b) Membership

Members declared unanimously that the committees are a valuable forum for bringing local health issues and perspectives forward to the Board of Health. A diversity of perspectives, interests and expertise around various health and related issues has contributed to the richness of committee discussions. Personal benefits of membership were identified, including increased understanding of Toronto Public Health and the Board of Health and improved networking in respective communities on local health issues.

Some suggestions for the second term of LHCs included increasing the level of staff support for LHC activities, and balancing the number of experienced members with the opportunity for others in the community to join the committees.

c) Orientation & Development

Members described their orientation to LHCs as comprehensive and practical. In members' views, the visibility of senior staff demonstrated the divisional commitment to the committees and value placed upon their contribution to the Board of Health. Many members indicated that the content of the orientation and senior staff involvement on LHCs should be maintained.

Suggestions to strengthen the orientation included: offering sessions on process (e.g. goal setting), prioritizing and moving local health issues forward strategically; inviting new prospective members to observe LHC meetings; and encouraging LHC members to attend Board of Health meetings.

d) Planning Processes

All LHCs identified and prioritized local health issues in their communities that they wished to address. The committees were able to begin work on these priorities to varying degrees, depending on a number of factors including membership turnover. Members mentioned that collaborative efforts with other LHCs were particularly successful and satisfying. For example, three LHCs worked on the issue of oral health for marginalized groups. Members cited staff support and access to information as essential to success.

Suggestions for future implementation included: building in a strong feedback loop among LHCs; providing decision-making templates for priority setting; developing mechanisms to monitor and report on progress of work on local health issues; expanding strategies to engage the broader community on local health issues (e.g. Roundtables and Subcommittees) and holding a regular meeting of LHC Chairs before each Board of Health meeting.

e) Group Experiences

All six LHCs felt they had come to work together well by the end of their first term. Members identified elements for successful group processes including: capable Chairs, the opportunity for

debate and dialogue, diversity of membership and viewpoint, flexibility and an open, democratic process at meetings.

Suggestions for improved supports for group process included the development of a resource binder for Chairs, and facilitated sessions early in the term to begin the process of team building within individual LHCs.

Conclusions:

While the establishment and strengthening of the LHCs is a developmental process, Local Health Committees have been successful in their first term. Suggestions for improved supports will be implemented as the LHCs move forward in their second term. Suggestions have also been incorporated in a revised Terms of Reference that more clearly outline the advisory role and functions of LHCs and their contribution to the work of the Board of Health.

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List of Attachments:

Appendix 1- Revised Terms of Reference

Appendix 1

TORONTO BOARD OF HEALTH
LOCAL HEALTH COMMITTEE TERMS OF REFERENCE
(January 2004)

MANDATE:

- To assist the Board of Health in determining and setting public health policy on a broad range of local health issues.
- To raise awareness of the determinants of health and their impact on the health and well-being of Toronto's communities.

ROLES AND RESPONSBILITIES:

- To provide advice to the Board of Health on the development and improvement of new and existing programs, procedures and policies in order to ensure that the needs, interests and characteristics of local communities are reflected
- To serve as a venue for individuals, groups and organizations wishing to bring local health issues and priorities to the attention of the Toronto Board of Health
- To advocate for the development of new initiatives, or the expansion of current initiatives, to address local health priorities
- To inform and educate individuals, groups and organizations in the community in cooperation with the Board of Health and staff about the range of services and supports offered by Toronto Public Health
- To assist in the planning and implementation of community consultation exercises conducted by the Board of Health and Toronto Public Health
- To actively recruit new members as needed

COMPOSITION:

The Local Health Committee will have a minimum of eight and maximum of 13 members. Members will include an appropriate combination of members with the following perspectives and skill sets:

- minimum of one Board of Health member
- local ratepayers and tenants
- community representing perspectives from at least four sectors (can be volunteers or staff but must live or work in the Local Health Committee area), including:
    - community health centre
    - community care access centre
    - seniors
    - children's issues
    - youth

  - mental health
  - disabled community
  - housing/homelessness
  - anti-poverty
  - food security
  - recreation
  - environmental health
  - occupational health
  - public health professions/professional associations
  - hospitals
- Community members who reflect the demographic diversity of the Local Health Committee area including gender, ethnoracial background, ability and sexual orientation.

The Board of Health member will chair the Local Health Committee.

TERM OF OFFICE:

The Local Health Committee members shall serve for the term of Council expiring November 30 of the election year, and until their successors are appointed.

REMUNERATION:

Currently, being a Local Health Committee member is essentially a volunteer activity. Members will be reimbursed for approved out-of-pocket expenses (travel, childcare).

MEETINGS:

The Local Health Committees will meet at least six to eight times a year. Meetings will last approximately two to three hours. Agendas are sent out in advance so that members can prepare for meetings.

QUORUM:

Quorum is required for Local Health Committee decisions and motions. Quorum is defined as 50% of membership plus one.

QUALIFICATIONS:

Include:

- Keen interest in, knowledge and/or background in issues affecting public health programs and services;
- Interest and/or skills in planning and policy development leading to a comprehensive public health agenda;
- Community knowledge and involvement;

- Experience in organizational activities such as committees, non-profit groups, voluntary societies, occupational associations;
- Ability to devote time required for the Local Health Committee meetings, including pre-meeting study and review of agenda and supporting materials;
- Direct experience with particular health and related sectors including those listed above;
- Reflect the demographic diversity of the Local Health Committee area including gender, ethnoracial background, ability and sexual orientation.