

Evaluation of the Second Term of Local Health Committees (LHCs)

Date:	June 21, 2007
To:	Board of Health
From:	Medical Officer of Health
Wards:	All Wards
Reference Number:	

SUMMARY

This report provides an evaluation of the second term of the Local Health Committees (LHCs). The LHCs have made significant contributions to the work of the Board of Health (BOH) in the area of health advocacy. However, the Board of Health could make better use of LHCs by consulting with them on specific public health issues and soliciting feedback from LHCs on relevant Board of Health agenda items. In addition, Toronto Public Health (TPH) will explore linking LHCs with the City's civic engagement process. The LHC evaluation also identified the need for succession planning for LHCs, and the value of establishing an alternate LHC membership list.

The Terms of Reference for LHCs have been revised to more fully reflect representation of diverse communities, ensure consistent attendance at LHC meetings, encourage participation in LHC orientation, and schedule LHC meetings to facilitate input into Board of Health meetings.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health adopt the revised Terms of Reference for the Local Health Committees (Appendix A).

Financial Impact

There are no financial implications.

DECISION HISTORY

In February 2004, the Board of Health received a report from the Medical Officer of Health on the interim evaluation of the Local Health Committees at the end of their first term. The report recommended the adoption of the revised Terms of Reference that clarified the advisory role and functions of LHCs and their contribution to the work of the Board of Health. The report focussed on process rather than activity outcomes for LHCs and identified that a more complete evaluation would be conducted at the end of the second term.

ISSUE BACKGROUND

Established in 2001, Local Health Committees provide an opportunity for citizen participation in Toronto Public Health's strategic and service planning and to enhance the ability to identify local public health issues. The mandate of LHCs is to assist the Board of Health in determining and setting public health policy on a broad range of local health issues and to raise awareness of the determinants of health and their impact on the health and wellbeing of Toronto's communities.

This review of the Local Health Committees documents their contribution to the work of the Board of Health, and identifies strategies to further support their role and functions.

COMMENTS

A small working group, including LHC members and TPH staff, developed the evaluation framework for LHCs. The framework built upon the first-term evaluation, and included the following components: Terms of Reference; time limit on membership; participation; orientation and development; planning and implementation; and group process.

Group discussions occurred within each LHC, and individual members were invited to provide additional comments through confidential questionnaires. In addition, group discussions were held with the LHC Chairs and with Toronto Public Health staff. Finally, preliminary findings and recommendations were presented at a combined meeting for all LHC members and TPH staff. The evaluation methodology captured 66% of the LHC membership.

Key Learnings:

a) Terms of Reference

Most LHC members agreed that the Terms of Reference are comprehensive and a good guide to the roles and responsibilities of the LHCs. All LHCs felt they could be used by the Board of Health more fully in their advisory capacity. The consultation with LHCs during TPH's strategic planning process was identified as a positive example where LHCs can make a significant contribution to the Board of Health. All LHCs also identified the need for a stronger "feedback loop" with the Board of Health to strengthen communication between LHCs and the Board.

Some suggestions for the third term of LHCs included: regular Board of Health consultations with LHCs on specific issues; inclusion of LHCs as a standing item on Board of Health agendas; development of a mechanism to track LHC motions to the Board of Health and their impacts; scheduling LHC meetings the week prior to Board of Health meetings to facilitate input through LHC Chairs on relevant agenda items; and exploring the linkage of LHCs with the City's civic engagement strategy.

Action: Toronto Public Health will work closely with the Chairs of LHCs to facilitate regular identification of issues that should be brought forward to or from LHCs as well as to further develop mechanisms to ensure the expertise of LHC members is well utilized.

b) Time Limit on Membership

Members agreed that all LHCs benefited from circulation in membership and that new members brought fresh perspectives and new information from diverse communities. However, all LHCs identified the need to consider continuity of membership to ensure LHCs are productive in the transition from one term to the next.

Suggestions to ensure continuity of LHC membership included the development of processes for succession planning and appointing alternate membership.

Action: LHC membership will comprise a balance of past and new members appointed.

c) Participation

Members described several benefits of participation on LHCs. The committees provide opportunities to be involved in City decision-making processes, and to bring specific public health issues forward to the Board of Health. Individual members cited benefits of increased awareness, knowledge and understanding of health, health services and gaps in services in their respective areas and across the city. All members stated that they wished to "make a difference" to the City through their work with LHCs.

d) Orientation & Development

Members declared unanimously that the orientation to the LHCs was comprehensive and necessary to understand the LHC roles and responsibilities; thus all new members should attend. Members identified that experienced committee members could be involved in orientation sessions.

Suggestions to strengthen the orientation included focussing on the functions and services of TPH and the Board of Health, the role of the LHC and its relationship to the Board of Health. In addition, members felt strongly that the Board of Health new member orientation should include more information on LHCs.

Action: TPH will include more information on LHCs at the BOH orientation.

e) Planning & Implementation

All LHCs identified local health issues and selected priorities for action. LHCs often worked on the same or similar issues (for example oral health and child poverty). Motions to the Board of Health by LHCs addressed issues including: improving water quality at a public beach; improving access to oral health services; improving health promotion programs for vulnerable seniors; reducing child poverty; and increasing access to child care and school food programs. Some LHCs noted difficulty moving forward on issues because of poor attendance.

All four LHCs agreed that mechanisms for collaboration between LHCs on common issues need to be strengthened. Mechanisms could include quarterly meetings of LHC Chairs and yearly joint meetings of all LHCs.

Action: TPH staff will support LHC Chairs in strengthening mechanisms for collaboration between LHCs including quarterly meetings and will consider the merits of holding an annual meeting with all LHC members.

f) Group Process

Generally, members felt LHCs functioned well. Most members were experienced in committee work and skilled in facilitating group processes, and all LHCs benefited from the leadership of strong Chairs who are Board of Health members.

LHCs recommended that a comprehensive introduction of members be included in the LHC orientation program.

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ATTACHMENTS

Appendix A: Toronto Board of Health Local Health Committee Terms of Reference
2007-2010

Appendix A

TORONTO BOARD OF HEALTH LOCAL HEALTH COMMITTEE TERMS OF REFERENCE 2007 – 2010

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 wellbeing of Toronto's communities.

ROLES AND RESPONSIBILITIES:

- 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; and
- 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 members 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
 - newcomers/immigrants
 - seniors
 - children's issues

- youth
- mental health & addictions
- 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.

ORIENTATION:

New Local Health Committee members are expected to attend an orientation session to familiarize them with the history and work of Local Health Committees, the Board of Health and Toronto Public Health.

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 monthly, one week before the Board of Health meets. Meetings will last approximately two to three hours. Agendas are sent out in advance so that members can prepare for meetings. Members are required to notify their respective secretary if they are unable to attend a scheduled monthly meeting. If a member is absent three times without notification within a calendar year, they will be asked to resign.

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.