Strategic Planning
WRHA PPH Communications Focused Discussion

REPORT

January 31, 2012 Planning Day
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**Background and Context**

The PPH quality plan identified the need to develop a Public Health communication strategy as a priority, both to meet the Accreditation Canada standard but mostly to help improve program effectiveness.

A broad stakeholder group of 28 individuals from within the PPH program as well as regional and community partners were invited to attend a focused discussion on January 31, 2012 to identify strengths, weaknesses, opportunities and threats as well as priority areas of focus for the next 5 years. In total 16 people attended. Please see Appendix A for a list of the invitees and attendees and Appendix B for a copy of the facilitator’s agenda.

**Visioning Exercise**

At the beginning of the day, participants were asked to participate in a visioning exercise to identify what they would like to see happen in the next 5 years. The following is a summary of what was reported:

- Update website
- Clear policy around email communication to ____ clients (not staff)
  - Ability to monitor, teach and even provide management of chronic illness’s office visit.
- Evidence based use of Web2
  - E.g., we know adolescent young adult learn using Web2 but why would they look at website to start with.
- One site for information sharing
- Multiple language resources
- Language availability for all practitioners.
- Access.
- Framework defining/ on thing a PH Communication strategy / including KT
- Identify infrastructure and implement framework
- Immediate;
  - Enhanced use of technology and facilitate "communication" messaging;
  - Include clean up of existing content.
- Technology savvy
- Staff use electronic tools to assist in management
- Dedicated human, Financial and technology resources focused on Public Health communication
  - Targeted use of social media
• A single easy to use website for health promotion in the province
• Resources in varies languages
• Public Health strategy fully ________into WRHA strategy
• Communication bulletin board for;
  o Groups
  o Emails and;
  o Flags
• Communication harnesses power of all our partners
• Routine use of Social Marketing in behaviour, maintenance and adoption

SWOT Analysis Results

The following is a summary of the SWOT analysis that was done:

STRENGTHS

• Passion, Commitment and Ethic
• Reputation for Group and one on one work.
• Recognition of the need (we’re here)
• Experience and Knowledge of
  o Social Networking
  o Social Media
  o emerging health communication (e.g., Risk communication)
• Links between different groups
• Evaluation well incorporated
• Communications department in place
• Enhanced efficiencies through coordination
• Readiness for change
• We have staff of different ages/generations so there is some familiarity w newer technologies e.g., Social Media
• Organizational infrastructure to communicate with staff.
• Numerous networks to share info
• We aren’t starting from scratch. We have different team members with complimentary experiences e.g., Social Networking, GSL, etc.
• Previous campaigns…H1N1

WEAKNESSES

Information not available - The weaknesses were not recorded separately before the sticky note cards were used for the first level thematic analysis.
OPPORTUNITIES

Information not available - The opportunities were not recorded separately before the sticky note cards were used for the first level thematic analysis.

THREATS

Information not available - The threats were not recorded separately before the sticky note cards were used for the first level thematic analysis.

STARS

The following is a summary of the things that WRHA PPH & WRHA Communications does well:

- Done some great work and resource development.
- Open to new ideas and technologies.
- We are talking about it.
- We do good work.
- Internal communication
- Immunization programs rely heavily on communication
- Collaboration and dialogue
- Using a social media based intervention
- H1N1 experience
  - Rapid efficient communication to mobilize people
- “Heads Up campaign”
  - Getting better at social networking.
- Interest and willingness to use social media.
- ***The ‘Wave’ a user friendly tool.

WISHES

Information not available - The wishes and desires of the group were not recorded separately before the sticky note cards were used for the first level thematic analysis.
PRIORITY AREAS OF FOCUS

Using an affinity card sort process, participants were asked to cluster like ideas together to identify priority areas of focus within their control and priority areas of focus outside of their control. The outcome of this activity was the identification of the following priority areas of focus:

**Within our span of control**
- Internet/Intranet
- Partnerships/Collaboration
- Interface with Public
- Identification of Target Population
- Media
- Social Marketing
- Social Media
- Building and Expanding Systems and Staff Expertise
- Standard Communication Processes/Procedures
- Email
- Internal Communication
- Language Access/Literacy
- Best Practice
- Process to Prioritize

**Outside of our span of control**
- Corporate Communications
- Privacy
- Government
- E-Health

The complete list of the ideas that were generated under each section can be found in Appendix C.

**Results of the Survey Monkey Prioritization Exercise**

A survey monkey was sent to all of the participants asking them to rank order their top 3 priorities using the following prioritization criteria:
- Level of risk
- Opportunity to influence better health outcomes
- Improved efficiencies

A copy of the actual survey questionnaire that was used can be found in Appendix D.
The results of the survey are summarized as follows:

<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; (95 points)</td>
<td>• Internet and Intranet</td>
</tr>
<tr>
<td><strong>Tied for 2&lt;sup&gt;nd&lt;/sup&gt; (35 points each)</strong></td>
<td>• Partnerships/ Collaboration</td>
</tr>
<tr>
<td></td>
<td>• Interface with Public</td>
</tr>
<tr>
<td></td>
<td>• Social Media</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; (20 points)</td>
<td>• Internal Communication</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; (10 points)</td>
<td>• Social Marketing</td>
</tr>
<tr>
<td><strong>Received no votes (0 Points)</strong></td>
<td>• Identify Target Population</td>
</tr>
<tr>
<td></td>
<td>• Media</td>
</tr>
<tr>
<td></td>
<td>• Building and Expanding Systems and Staff Expertise</td>
</tr>
<tr>
<td></td>
<td>• Standard Communication process/procedures</td>
</tr>
<tr>
<td></td>
<td>• Email</td>
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<tr>
<td></td>
<td>• Language Access/ Literacy</td>
</tr>
<tr>
<td></td>
<td>• Best Practice</td>
</tr>
<tr>
<td></td>
<td>• Process to Prioritize</td>
</tr>
</tbody>
</table>
## Participant Feedback

### What did you find most helpful?

- Structured discussion/focus, BUT with opportunity for free flow discussion.
- Think it is great that we are focusing resources on this issue because **NB**. Great to hear others perspectives.
- SWOT analysis is an effective way.
- Networking.
- Idea sharing e.g., I had never thought of electronic bulletin, I had no idea email was so 5 years ago.
- The idea of a no email day.

### What did you find least helpful?

Nothing reported

### General Comments

- Excellent opportunity for thoughtful and constructive discussion
- Would like to learn more about social media
- I think this is a great start.
- Clearly there is a lot to do.
- Thanks for the invite.
Appendix A

WRHA Population & Public Health
January 31, 2012
Communications Strategic Planning Focused Discussion Invitees/Attendees

**Attended Full Session:**

Alexandra Henteleff;
Carol Kurbis;
Debbie Nowicki;
Helena Wall;
Horst Backe;
Lynda Tjaden;
Salah Mahmud;
Sheryl Bates Dancho;
Xibiao Ye;
Linda Dawson';
Michelle Meade;
Sean Feeley
Jacquie Habing
Rep for Lori Johnson (?)

**Attended Part of the Session:**

Jonathan Hildebrand;
Michael Routledge;

**Invited but did not attend:**

Carmen Hemmersbach;
Colleen Metge;
Margaret Kozlowski;
Marion Cooper;
Susan Stratford;
Anna Scerbo;
Debbie Panchyshyn;
Susan Rodgers;
Crystal Gaudry;
Erica Wood;
Jo Anne Chartier;
'Lori Johnson';
'Mike Payne'
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
</table>
| 09:30 – 09:40 | Welcome and Round Table Introductions  
  - 1 Star and 1 Wish  
  - Generate sticky notes (Stars to be added to the list of success along with the Strengths from the SWOT exercise) | Helena    |
| 09:40 – 09:45 | Introduction  
  - Need for this focused discussion arose from our internal PH group  
  - Regional focus not program focused  
  - Focus is to work collaboratively | Lynda     |
| 09:45 – 10:00 | Background Information  
  - We would like to identify the communication issues the program is currently facing and develop a communications strategy to address them.  
  - History of why we want to develop a communication strategy (Quality team assessment; Strategic Planning etc.)  
  - Review communication standard and feedback from the survey  
  - Want to identify regional and provincial issues that impact us so that we may begin to work with others in partnership to address some of those issues that fall outside of the program’s span of control. | Horst     |
| 10:00 – 10:15 | Visioning Exercise  
Using the template provided, answer the following questions individually…  
  - Where do we want to be in five years?  
  - Who can help us get there?  
  - How will we know when we are there? | Individual Exercise |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15 – 10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Visioning Exercise Report Back</td>
</tr>
<tr>
<td></td>
<td>- Each person will be given an opportunity to share their thoughts</td>
</tr>
<tr>
<td></td>
<td>- Generate Sticky Notes</td>
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<tr>
<td>11:10 – 11:30</td>
<td>SWOT Gallery Walk</td>
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<tr>
<td></td>
<td>- In small groups spend 5 minutes at each station to brainstorm</td>
</tr>
<tr>
<td>11:30 – 12:15</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:15 – 12:40</td>
<td>SWOT Debrief and Discussion</td>
</tr>
<tr>
<td></td>
<td>- Add the list of the strengths to the list of stars (To develop a list of successes)</td>
</tr>
<tr>
<td></td>
<td>- Develop sticky notes for the Weakness, Opportunities and Threats and include them with the wishes to be used to identify priority areas of focus</td>
</tr>
<tr>
<td>12:40 – 12:45</td>
<td>Any other issues that have not been identified?</td>
</tr>
<tr>
<td></td>
<td>- Develop sticky notes for these</td>
</tr>
<tr>
<td>12:45 – 13:00</td>
<td>First level thematic analysis of the sticky notes</td>
</tr>
<tr>
<td></td>
<td>- In our individual span of control (Program focused)</td>
</tr>
<tr>
<td></td>
<td>- Partially in our span of control (In partnership with others)</td>
</tr>
<tr>
<td></td>
<td>- Outside of our span of control</td>
</tr>
<tr>
<td>13:00 – 13:45</td>
<td>Secondary level thematic analysis within the three categories using an affinity process to link like ideas together and then name the clusters</td>
</tr>
<tr>
<td>13:45 – 14:00</td>
<td>Nominal Group Process to identify top 3 priorities in each of the following areas (Using a point scoring system)</td>
</tr>
<tr>
<td></td>
<td>- In partnership with others</td>
</tr>
<tr>
<td></td>
<td>- Outside of our span of control</td>
</tr>
<tr>
<td></td>
<td>Prioritization Criteria to consider:</td>
</tr>
</tbody>
</table>
- Level of risk
- Opportunity to influence better health outcomes
- Improved efficiencies

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Presenter</th>
</tr>
</thead>
</table>
| 14:00 – 14:15 | Corporate Communications Update  
- Overview of the regional communications strategy including where they would like to be in 5 years | Jonathan  |
| 14:15 – 14:30 | Wrap up/Thank You/Next Steps  
- Journey of planning and aligning the PPH priority areas of focus with the Regional Communication Strategy | Lynda/Jonathan |
**Communications Strategic Planning – Visioning Exercise – January 31, 2012**

*What is within our span of control?*

<table>
<thead>
<tr>
<th>Internet and Intranet</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Internet more reflective of health promotion</td>
</tr>
<tr>
<td>• People could find the on-line work</td>
</tr>
<tr>
<td>• Growing trend for public looking for health prevention/information from reputable site</td>
</tr>
<tr>
<td>• Opportunity to navigate system that is interesting and easier to find</td>
</tr>
<tr>
<td>• Simple easy to navigate and use website for province</td>
</tr>
<tr>
<td>• One health promotion website with Manitoba Health and partners</td>
</tr>
<tr>
<td>• Designate responsibility for internet updates to a “person”</td>
</tr>
<tr>
<td>• Poor sources of information/misinformation</td>
</tr>
<tr>
<td>• Search engine on insight website intranet and internet has limitation</td>
</tr>
<tr>
<td>• Everyone have access to the intranet</td>
</tr>
<tr>
<td>• Easier to find material on the web</td>
</tr>
<tr>
<td>• Website</td>
</tr>
<tr>
<td>- internal &amp; external challenges</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partnerships/ Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Availability to collaborate with other department</td>
</tr>
<tr>
<td>- similar goals</td>
</tr>
<tr>
<td>- different approaches</td>
</tr>
<tr>
<td>• Including CAD’s at PPH focused discussions</td>
</tr>
<tr>
<td>• Role Clarity</td>
</tr>
<tr>
<td>- we don’t know what we don’t know</td>
</tr>
<tr>
<td>• Inconsistent messages between WRHA, Community Health Partners and others</td>
</tr>
<tr>
<td>- no forum to agree on messages</td>
</tr>
<tr>
<td>• Clarified roles between Public Health and corporate communications</td>
</tr>
<tr>
<td>• There is often no consistent person in agencies to communicate with and it is unclear what type of communication will work and it is unclear what type of communication will work best in each situation of group</td>
</tr>
<tr>
<td>• Harness power of partnerships</td>
</tr>
<tr>
<td>• Role clarity between what is the Comm.’s role and what it ours</td>
</tr>
<tr>
<td>• Communication across the health care continuum is difficult (e.g., falls prevention strategy to acute care)</td>
</tr>
<tr>
<td>• Lack of integration between central and CA services</td>
</tr>
<tr>
<td>• This process is an opportunity</td>
</tr>
<tr>
<td>- include comm. in future planning</td>
</tr>
<tr>
<td>• Integration with partners</td>
</tr>
<tr>
<td>• Communications with Women’s Health is sometimes problematic</td>
</tr>
<tr>
<td>• Collaboration between Women’s health</td>
</tr>
<tr>
<td>Interface with Public</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>• Web sites lack contact information</td>
</tr>
<tr>
<td>• Strengthen the identify around prevention and promotion</td>
</tr>
<tr>
<td>• Effectively engage with the audience</td>
</tr>
<tr>
<td>• WRHA website should list all office addresses and phone numbers.</td>
</tr>
<tr>
<td>• Clients are not informed about their rights to privacy, complaints, professionalism, language, interpretation; and their responsibilities for worker safety and need to attend meetings</td>
</tr>
<tr>
<td>• One intake number for the general public</td>
</tr>
</tbody>
</table>
| **Social Media** | - Potential to reach people and modify behaviour  
- Marketing for PH encourage people to do what is good for them |
| **Building and Expanding Systems and Staff Expertise** | - Recognize the importance of communication as a tool  
- Online meeting opportunity for group clients unavailable  
- Develop guidelines for use of social media  
- Leverage technology to manage the information  
- Managing social media  
- Availability and use of appropriate media  
- Capacity, organization and understanding of social media  
- Use of social media not optimized to promote public health  
- Large segment of young population learns best through web2 |
| **Standard Communication process/procedures** | - Capacity building  
- Capacity building with staff so we don’t need Comm.’s expertise for everything  
- Increased ability to communicate  
- A strategy can capitalize on the good work and developing expertise within P & P team  
- Lack if social media tools  
  - slow response to opportunities  
- Technology savvy staff (insuff.)  
- New technologies engaging  
  - engaging all staff who are aware of the new technologies  
- Human resources technology and money focused on communication (insuff.)  
- Work effectiveness within our own system to change our business |
| **Email** | - In everything we do develop a communication plan  
- Well oiled machine to launch targeted campaigns  
- Email volume makes it difficult to absorb details  
- Control over email  
- Use of bulletin boards (electronic) to replace some emails  
- Email volume and priority  
- Stop the “stream” (overload) of information (what is needed to know)  
- Attachments are large and clog up email – highlight key message |
### Internal Communication
- Information overload
- Public Health staff don’t see specialist as part of the same team
- Lack of opportunity of face to face engagement
- There is no clear process for staff to share ideas for system improvements. Planning occurs without input from field staff
- Communications flow to front line providers is inconsistent – volume of information/email differs depending on the manager, and information priority is not consistently flagged
- Managing Comms internally
- Bridge Care knew about Early Childhood referrals before PPH staff did

### Language Access/ Literacy
- Sign language (signers at a clinical perspective)
- Availability of Comms info in other languages
- Availability and use of resources in various languages (also highlighted in PPH 2010 Accreditation)
- Multiple languages
  - literacy
  - culture

### Best Practice
- Packets of resource information still being sent through the mail (prenatal and infant nutrition classes – low response rate)
- Lack of evidence or not using evidence (make sure Comms strategy is evidence based)
- Discover efficiencies
- We can know what to do to be effective in the communication strategy
- Many existing resources in WRHA that can help support the message (we love subject matter experts)
- We could do grand rounds in key programs, Webinars
- It is not clear who is responsible for updating staff on best practices. CNS? If so, how? “We need help to understand the implications of the current research and availability of epidemiologic information on practice.” (KT)

### Process to Prioritize
- Our funding defines our priorities for communication
- Lack of funding
- Funding defines deliverable
- Lack of process to identify priorities
- We are trying to be everything to everyone
- Some of this is within our control to change. We can use internal resources.
- Process for us to decide our priorities
Communications Strategic Planning – Visioning Exercise - January 31, 2012

What is outside our span of control?

- One campaign has been asked to avoid WRHA branding
- Lack of WRHA communication strategy
- Need for infrastructure
- Framework and infrastructure support for communication
- Regional Comm.’s strategy not yet been evaluated
- Communication infrastructure
- Communication department
- Communication and its role and value to the WRHA, does not seem to match to department capacity and money.
  (Insufficient resources)
- External contracting
- Distribution system needs new approach to be developed (info distributions)
- Clear vision and strategy
- Not having a Comm.’s strategy – Health status declines
- Finding or navigating a website(s)
- Disconnecting between corporate communications and PPH role (coordination, consistency, are there different motivators?)
- Conflict between Public Health messages (risk management and health messages) and Corporate Communications (advocacy)
- Fast changes, keeping pace with new communication tools
- Negative media e.g. ER, Brian Sinclair
- A Public Health internet presence that is easy to find and navigate as well as linked site for health professionals
  (e.g., http://www.toronto.ca/health/)
- Lack of regional communication strategy
- Reactive vs. proactive
- Communications is sometimes doing risk communications with consulting program area
- Navigating the internet and intranet is difficult for the public and for us (“Without the search engine I would be lost”)
- Resource/Expertise Distribution only 7% of them in Corporate Communications
- PPH has poor visibility on the internet and intranet site
- Website, it is there you just can’t find it
- The role of WRHA Communications in emergencies or crises is unclear
- To influence Corporate Communications
- Contract our the communications expertise
- No infrastructure to support Communication with the program
- Work with corporate communications to identify strategies to increase the visibility of our services on the Internet
  and in the phone book. (Note: It is very hard to find any information about street connections in the phone book and
on the Internet.)

- Work with corporate communications to identify the multilingual and multicultural needs of the clients we work with.
- Work with corporate communications to identify electronic solutions to access clients and to communicate non-confidential information. (Note: Generic text messages asking the client to call a certain number; Secure password protected partner notification website.)

### Privacy

- PHIA – FIPPA – balance needs
- More opportunity to use social media to engage youth

### Government

- Create environments that make it easier for people to be healthy
- Practical realities vs. Advocacy
- No routine operational guideline, transition points for MOH between Province and Winnipeg
- Lack of coordination; Regional Vs. Provincial Vs. National
- Outdated inaccessible data from Province
- Flu posters often received late, sign problems

### E-Health

- Outdated web browsers
- Levels of filtering
- Slow systems
  - e.g. networking connectivity
- Un-harnessed power of current communication technology
  - (e.g., web2) to benefit clients (e.g., prenatal hospital tours)
- Role of social media and access to information (credibility risk) Vs. need to be accurate
  - Evidence-Based / informed
- Hardware and software in place
- Mailbox size
- Respond time to post on website / Insight is slow
- Tools to communicate with the target audience
- Fast changes –how to keep up (technology / IT Infrastructure)
Appendix D
Communications Strategic Planning Follow Up Survey

Introduction:

Thank you very much for participating in the focused discussion that was held on January 31, 2012 to identify communications issues.

The following attachment summarizes the thematic analysis that was done to identify the broad priority areas of focus.

Please refer to this document as you complete this survey.

Questions:

To help us to develop a specific action plan, please identify which of the following priority areas of focus you believe should be addressed immediately by identifying your top three choices using the following prioritization criteria:
- Level of risk
- Opportunity to influence better health outcomes
- Improved efficiencies

My first choice (worth 15 points) would be to focus on:
- Internet and Intranet
- Partnerships/ Collaboration
- Interface with Public
- Identify Target Population
- Media
- Social Marketing
- Social Media
- Building and Expanding Systems and Staff Expertise
- Standard Communication process/procedures
- Email
- Internal Communication
- Language Access/ Literacy
- Best Practice
- Process to Prioritize

My second choice (worth 10 points) would be to focus on:
- Internet and Intranet
- Partnerships/ Collaboration
- Interface with Public
- Identify Target Population
- Media
- Social Marketing
- Social Media
- Building and Expanding Systems and Staff Expertise
☐ Standard Communication process/procedures
☐ Email
☐ Internal Communication
☐ Language Access/ Literacy
☐ Best Practice
☐ Process to Prioritize

My third choice (worth 5 points) would be to focus on:
☐ Internet and Intranet
☐ Partnerships/ Collaboration
☐ Interface with Public
☐ Identify Target Population
☐ Media
☐ Social Marketing
☐ Social Media
☐ Building and Expanding Systems and Staff Expertise
☐ Standard Communication process/procedures
☐ Email
☐ Internal Communication
☐ Language Access/ Literacy
☐ Best Practice
☐ Process to Prioritize