

The HSHR Team works at multiple levels to promote healthy sexuality and harm reduction; to reduce the burden of STBIs; to diminish other harms associated with sexuality, drug use, and society’s response to these practices; and to redress social and health inequities.

10 Key PPH Strategic Approaches

Applied Public Health Research

Collaboration & Partnership

Community Development

Health Assessment

Health Communication

Healthy Built & Social Environments

Healthy Public Policy

Outreach

Public Health Clinical Practice

Surveillance



Key PPH Strategic Priorities (2012 – 2017)

Applied Public Health Research

Health Equity Promotion

Health Communications

Healthy Built & Social Environments

Healthy Public Policy

Public Health Information Systems

Program Monitoring

Key HSHR Strategic Priorities (2012 – 2017)

- Reaching and Engaging Priority Populations

- Partnership & Collaboration

- Evidence-Informed Practice

- Human Resources & Increased Capacity

PPH Guiding Principles

Authentic Engagement

Cultural Proficiency

Determinants of Health

Harm Reduction

Integration

Interprofessional

Practice Excellence

Quality

Respect

Social Justice

* ‘Priority populations’ are dynamic, socially constructed categories reinforced through surveillance and evidence. Although these categories can be stigmatizing, they can also be useful for planning targeted public health programs and services.

Reaching and Engaging Priority Populations

Goal:

Priority populations are reached and engaged.

1. Increase the visibility of our services on the Internet and via print resources, including cross-cultural communication tools.
2. Develop clear guidelines for the use of social media (Twitter, Facebook, etc.) and social marketing as communications and education tools.
3. Evaluate current outreach activities to all priority populations to determine the best mix of fixed and mobile services. Note: This may involve offering mobile services during the day and changing the evening mobile services schedule, etc.
4. Increase our collaboration with and service provision to newcomer communities.

Partnership & Collaboration

Goal:

Improved coordination of services with community, agency partners, and stakeholders.

1. **Improve relationship with Primary Care networks (especially in the North End). Plan a strategy to advocate and educate around universal STI screening (including serology).**
2. **Determine whether our clients are able to access other services (e.g. primary care, addictions, mental health, etc.) in a timely and satisfactory way. If gaps exist, develop a plan to address: e.g. improved referral mechanisms, or ↑ in-house capacity (NP, RN(CP), etc.).**
3. **Improve collaboration with TB team (cross-training, etc.) and other relevant WRHA teams (general program, etc.).**
4. **Increase our role as advocates for harm reduction principles among service providers in Winnipeg.**
 - **Starting with: police.**
5. **Advocate both within the WRHA and in the broader community of policy-makers for larger social justice (e.g. the Vienna Declaration) and improvements in the built and social environments of our priority communities. This may include position papers, policy briefs, etc.**

Evidence-Informed Practice

Goal:

Increased integration of evidence into practice to improve service and health outcomes for priority populations.

1. Explore new technologies—both in terms of communication (e.g. texting) and clinical (e.g. point-of-care testing, EMR, expedited partner therapy)—and how they can be incorporated into our practice.
2. Identify and address gaps in guidelines. For ex., HIV non-disclosure, practice guidelines, etc.
3. Where we are frequently the only care provider in certain communities, determine the extent of expanded services to address broader health inequities. These could entail:
 - Shared competencies for expanded sexual and reproductive health for all underserved women (prenatal care, contraception, Plan B, vag. discharge, etc.)
 - Increased capacity (either internally or through partnerships?) for non-sexual health inequities: especially mental health, foot care, and TB.
4. Identify knowledge gaps related to programming and practice that require research/evaluation and address them (pro-active vs. reactive).
 - Proposed immediate priorities: low-risk chlamydia, POCT, SCUKs, and Narcan.

Human Resources & Increased Capacity

Goal:

Improved efficiency and continued development of human resources.

1. Address workload related to low priority/impact vs. high volume issues. Perform an evaluation of our current practice (compared with best practices and jurisdictional scans) and restructure accordingly.
 - First priority: low-risk CT.
2. Identify and address professional development priorities and opportunities for staff.
 - Starting with: pro-active planning for the implementation of the RN(CP) initiative.